MARGIN KESER			
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2411 N. Charles St., Baltimore

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1	2	5	6	

CERTIFICATE OF DEATH

Reg. Dist. No......

1. PLACE C					2. USUAL RESIDENC	E (HOME) Ol	F DECEASED:	
County		Ratha	ada (mi	nal)	State D. C. County			
City or town	(If outs	ide city or town	limits, write i	ral)				
Now long in abo	vo piacs of c	death?	6 day	S	City or town(If outside	de city or town limits	, write RURAL and give neare	est town)
Hospital, Institu	long in above placs of death?			Street No. 723 K	Cennedy St.	., N.W.		
US Na	val H	ospital	, Bethe	sda, Md.	Sueet no	(If rural, give	LOCATION)	•••••••
How long in hospital or inetitution?				6 days	2.(α) If veteran, name war.			
3. (a) FULL	. NAME		ADAMS,	John George			3. (b) Social Security N	umber
4. \$00	5.	. Calar or race	No. of the last	s, married, widowed, or divorced		MEDICAL CE	ERTIFICATION	
male		W-US		single	20. DATE OF DEATH	5 April	19. 48	6:07 A
B.(b) Name of I	husband or 1	vifs	*************		OO Manal		ve stated; that tattended decease 48 to 5 April	
7. Ricth date of	······································	••••••		e) If alivo, give ageyear	and that I last saw h in		5 April	
deesaood (m	o., doy, yr.)		Septem	ber 16, 1913				DURATION
8. AGE:	Yeare	Months	Days	Il less than one day	Nephrosis	Toxic)		
	34	6	19	hrs. min.	Umani a	bedreit elettritis de monte		
The second					Henstitis	Acute		
B. Birthplace	W	ashingto	m, I)	Ca. state)	Dug ig	Acaoo		***************************************
5		Post	- Offi					
1D. Usual occu	pation		S. WILLO	<u>ę '</u>	Duo to			***************************************
11. Industry sr	buelnese	U.S. Go	overnmen	nt		***************************************		
当 12 Name	ADAMS	Myron	H_	dec.	Other conditions			
12. Name.	W	ash.,D.						
aci 13. birthyi	1008 11				(Include	pregnancy within 3 n	nonths of death)	
14. Maide 15. Birthol	n nams		3C11		Major findings of operation	me		
2 15. Birtho	laes	.Il					Date of op	
		ore Mac	Cocil	G. Adams	Nent	resis (To	cic, Uremia and	Henatit
111111111111111111111111111111111111111					PHYSICIAN: Please unde	rline the cause to wh	ich death should be charged st	atistically.
Address	23 Ke	nnedy S	N.W	., Wash., D.C.				
., b	urial	removal. Which	Pote thee	eof	22. VIOLENCE: tf death s			
							Date of	
							(County)	
Location	Was	hington	D. C.	•••••	.	istry, public place (wh	nere?)	
18. Funoral di	rector	HUNTERM	N FUNE	RAL HOME	Masns of Injury	f Hack	Injured at work?	
Address 5	737 G	eorgia /	venue.	N. W. Wash., D.C. C. Catterson C. Patterson		R. T. FII	CK, Lt. MC USN	r
AUGISSE 2	121 0	D= 0	man	C. Catterson	23. SIGNATURE	Tre Tie CTi		
10	-5-	1. 48	Mary	C. Patterson	IISNE	I Bethesda,		1,-5-1.8
(Data par	al han mandah			Pagistro	Address ODATE		Date signed	4-7-40



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LAINLY, WEAT UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and le

PLAINLY, is especially

PLEASE WRITE

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VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03968

CERTIFICATE OF DEATH

CERTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH: Monty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 8702 - Lunion Company Construction (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced working of the second of the sec	MEDICAL CERTIFICATION 20. DATE OF DEATH
5,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
34 / /3hrsmin.	asptyce by hanging Imp
9. Birthplace (Town, county, and otate) 10. Usual occupation A transcent Profesieter	Due to.
11. Industry or business	Due Io
12. Name Walth Halling 13. Birthplace Zuster	Dther conditions
14. Maiden name Catherine Reger	(Include pregnancy within 3 months of deoth) Major fiedings of operations.
15. Birthplace Leval	Dale of on
16. Informant rure Naowi I allison	Actors resolts
Address and The	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Oale thereof (month) (day) (year)	Accident, suicide, or homicide. Date of 4-26-40 Where did Injury occur? Takena Pont monty had
Cemetery or crematory and Location Carly Va	(City or town) (County) (State)
18. Funeral director Th. & Hines Co	Means of Injury Injured at work?
Address 2 901-14 de 11 71-20. Wash, W.C.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Address Souther & med Date signed 4 26-48



2411 N. Charles St., Baltimore

03969

CERTIFIC	ATE OF DEATH	Reg. Dist. No. 218
County	Street No	of mother)
How long in hospital or institution?	2.(a) if veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
4. Sex 5. Color or race S.(a)Single, married, widowed, or different substitution S.(b)Single, married, widowed, or different substitution S.(c)Single, married, widowed,	01	CERTIFICATION 2.7
6.(b) Name of husband or wife	21. I CERCIFY that death occurred on the date	above stated: fhat I attended disceased from 19
7. Birth date of deceased (mo., day, yr.) Mush 6 1988 8. AGE: Years Months Days if less than one day 2 1	Immediata cause of death	DURATION
9. Birthplace	Shirt	7 4
11. Industry or business 12. Name	Dther conditions	J y wh
14. Maiden name Delone Custry 15. Birthplace Washington Coff Md.	(Include pregnancy within	
16. Informant T.C. Baker	Autopsy results	
Address 17. (Buridi, cremation, or removal, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: if death was due to external Accident, suicide, or homicide	Date of
Cemetery or erematery Alaly How	Where did injury occur?(City or tow Injured at home, farm, industry, public place	
18. Funeral director, All January Mariana Mari	Meens of Injury	Berechart M. V.
10 april 27 10 48 abrida & Book	23. SIGNATURE	M. D. or other

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The confectage S

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

	4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: — (For newborn infants give residence of mother)
County	State Manyland County mont going
City or town (If outside city or town limits, write RURAL and give nearest town)	2 # 1
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
H6 13 Highland ave.	Street No. 46.13 H. Alland and (Itural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME -	3. (b) Social Security Number
mollie Suran. armentmet-	NONE
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femile - W. monied	20. DATE DE DEATH
6. (b) Namo of husband or wife of Martin Luther amentunt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _
	24 april. 1947 to 10 april 1845
7. Birth date of deceased (mo., day, yr.) - april - 8, 1877	and that t last saw h.4.1 alive en 8 Office - 1995
8. AGE: Years Months Days If less than one day	Immediate cause of death.
7/ 0 2hrsmio.	Profession at American fortand & Month
Lucar, Page County Ve.	Duo to medicine of Common -
9. Birthplace Level Page County Va. (Town, county, and state)	I Sull blide stone & Penerun
10. Usual occupation — House suffe	Bue to
11. Industry or business	
12. Name Bergami Franklin Huffman in 13. Birthplaco - Page Count, Va	Other conditions Poststo Mulstus mill.
14. Maidee name Clings Am Felts	(Include pregnancy within 8 months of death)
15. Birthglaco Page County Va.	Major findings of operations.
W. D To	Date of op. 777777
	Autopsy results
Address 4613 Highland Ave., Bethesda, Md.	22. VIOLENCE: If death was due to external causes, flil in the following;
Burial (Burial, cremation, or removal. Which?) Date thereof. April 12,1948 (month) (duy) (year)	Accident, suicide, or homicide
Cemetery or crematory. Cedar Hill Cemetery	Whore did injury occur? (City or town) (County) (State)
Location Washington, D. C.	Injured at home, farm, industry, public place (where?)
	Means of injury injured at work?
18. Funeral director	
Address Bethesda, Maryland	23. SIGNATURE John So- Ball M. D.
19. April 10 19. In G. Aberra. (Date rec'd by registrar)	Address 7936 Georgeton Ped Buth Mad . M. D. or other Bate signed 10 april 46.
(Unite rec'd by registrar) Registrar	Address

B. V UABBUR V. S. 8461 94 APA BECE! A E'D in marinally where of free you

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Marie Michael

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Dengue Franklin Halland

Box of make some

Depart of the Samuel

2411 N. Charles St., Baltimore

03971

CERTIFICA	ATE OF DEATH Reg. Dist. No. 2/8
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Macy (and County Mack to game to get the county of the county o
3. (a) FULL NAME Miss Willy Austin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temale V& hate Single.	MEDICAL CERTIFICATION 20. DATE OF DEATH. A. 1. 10 A. 19.48 21 11:10 A.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.48. to 27.19.48. and that I last saw h.e
8. AGE: Years Months Days If less than one day 62 9 25 hrs. ml 9. Birthplace Boyd Man + gamery Caunty Md (Town, county, and state) 10. Usual occupation Hause Keeper	In Due to Due Due to Du
11. Industry or business 12. Name James H. Auster 13. Birthptace Boyd, Maryland.	Dither conditions Filson July Tilgues
14. Maiden name Phadas Sterrart 15. Birthplace Damascus, Maryland	(Include pregnancy within 3 months of death) Major findings ol operations
16. Informant 402 pital 122046	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17(Burial, cremation, or remova). Which?) Date thereot	22. VIOLENCE: It death was due to external causes, till in the following;
Location B. Carrier Land	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funerai director	Means of Injury Injured at work? 23. SIGNATURE.
1 Spil 7 1948 allruda & Carke Registrar)	M. D. or other

RESERVED FOR BINDING

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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PLAINLY, V WRITE PLEASE A15 NS

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APR 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimor

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ADING INK. Supply every item of Physicians: please write the causes

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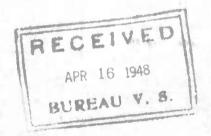
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MARGIN

CERTIFICATE OF DEATH

og Diet No 223

		V	Reg. Dist. No.
How long in above place of Hospital, institution, or st WASHINGTON How long in hospital or In 3. (a) FULL NAME	MA PAR side city or town lin I death? 7 d Ireet address where d SANTARIO	kits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4, 001	White	MARRIED	20. DATE OF DEATH 4 12 48 19 31
**************************************	DECEMBINATION OF THE PROPERTY	6.(c) If alive, give age 36 years 6.(c) If alive, give age 36 years 15 R 20, 1912 Days If less than one day 22 hrs. min. North Carelina county, and state)	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 19. 10. 12. 19. and that I last saw h. 2. alive on 4. 2. 4. 19. Immediate Juse of death. DURATION Due to Drong hie ctasis Emphysema Due to Chronic Asema
12. Name R. L.	ANNA B. VISON CO. HARRY V 2 ST. PAUL	unty North CAROLINA ofette unty, North CAROLINA V. BAKER - ST. KENSINGTON, MP.	Dither conditions Browship Chile Charles, Emphyseum And Joldan Aneymonia at P.M. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. See above Plus VII us pacumonia PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
	Content	Date thereof April 15, 194 (month) (day) (year) ie Church Cemetery	Accident, suicide, or homicide
Location Wi	lson Cou	nty, N. C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Ga. Ave	Pumphrey Spring,	Misans of Injury Injured at work?
19. Pare rec'd by regi	3 19 X F	JAMAN NOW	23. SIGNATURE M. D. or other Address Date signed 12 49



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1	- 6	East.

CERTIFICATE OF DEATH

		CERTIFICA	Reg. Dist. No.
1. PLACE OF DE	20.022	gomery hesda (rural)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above piece Hospital, institution, or U. S. NAX	outside city or town lin of death? street address where death VAL HOSPIT	bip, write RURAL and give nearest town) to months, 2 days eath occurred: AL, Bethesda, Md.	City or town. Washington D. C. (If outside city or town limits, write RURAL and give nearest town) Street No. 1313 Clifton Street, Apt. 26. (If rural, give LOCATION)
			2.(a) tt veteran, neme wer Sp.Am.
3. (a) FULL NAM!	E Silas Milt	on	3. (b) Social Security Number
4. Sex	S. Color ar racs	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	married	20. DATE OF DEATH. 2 April 19.48 et 6:20 P
8.(b) Name of busband 7. Birth date of dececced (ma., dey.)	***************************************	lice G. Bankert S.(c) If alive, give egey June 6, 1869	end that I leet eew h
8. AGE: Years	e Monthe	Deye It less than one dey 26hrs.	Immediate cause of death & over Pullumus DURATION 3 Sayo
9. Birthpisca	Roti	red Marine Corps	Due to
13. Birthplece	NKERT, Rob Pa.	ert F. Dec.	Other conditions all films Bleuring yes
14. Malden name.	KIRBY, N	elly dec. land	Major findiags of operations
16. Informent S.OX	n: Mr. P. E	Bankert reet, Apt. 26, Wash.,	Autopsy results
17 buris	al	Date thereot	22. V10LENCE: tf deeth wee due to external ceuses, fill in the following: Accident, suicide, or homicide
Cemetery or cremate	oryATLLI	gton National	Where did injury occur?
Locetion	Arlington,	Virginia	tnjured et home, farm, Industry, public place (where?)
18. Funerel director	S. H. HINE	S.W. Washington, D. C.	Manne of Injury He Messenchunds
ADDRESS C/OI	240H 008 N	man (Pattinger	H. C. MESSERSCHMIDT,

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legible

PLAINLY, V is especially

PLEASE WRITE

VS A15

18. 4-3- 18 48 (Date rec'd by registrar)

Registrar | Addrese.

USNH Bethesda, Md.



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03974

1. PLACE OF DEATH: County Moulgruss City or town Rocksvelx	ATE OF DEATH Reg. Diat. No. 2 1 3 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)
County Moulatury Rockvelle	2. USUAL RESIDENCE (HOME) OF DECEASED:
How long in above place of death? How long in above place of death? Hospital, Institution, or street address where near tectured:	State
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Laura E.	Barnsley 3. (b) Social Security Number
4. Sex 5. Cofor or race 6.(a) Single, married, widowed, or divorced Suchow	MEDICAL CERTIFICATION 20. DATE OF DEATH. 4 18.45 at 10.
(b) Name of husband or wife. Famuel 9. Banuslay	21. I CEBTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) September 28-1852	and that I last saw h. 2 alive on 2 19.55. Immediate cause of death
8. AGE: Years Months Days If less than one day 95 6 16	Corma Thromboses his.
9. Birthplace True Market - Fundanche Co - Marylo 10. Usual occupation House mife	Oue to. Due to.
11. Industry or business 12. Name John Unuliach 13. Birthplace Manyland	··· Other conditions
14. Maiden name Emily Hyatts 15. Birthplace Maurland	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Miss Effe Barns by - Daugh Address / 20 - South adams - Rockvillo M	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VfOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) Cemetery or crematory. 5 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Accident, suicide, or homicide
18. Funeral director Dona Renter Pump huy	Injured at home, farm, Industry, public place (where?)
19. 4/15 (Date rec'd by registrar) 19.47 Registrar	23. SIGNATURE M, D. or other Address Address Date signed 4//37/05

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A15 SV



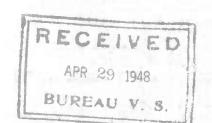
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOM) (For newborn infants give residen	ce of mother)	
County PIOIIC	omery	••••••	36 3 1	County Montgome	rv
City or fown	evy Chase	its, write RURAL and give nearest town)	Chevy Cha	925	
ow lose in above place	of death? 10	Years	City or town(If outside city or town	limits, write RURAL and give	nearest town)
insultal, instilution, or	street address where de	ain occurred:	Street No. 119 East Br	radlev Lane	
Home -1	9 East B	radley Lane	Ofenral	give LOCATION)	
low long in hospital or	Institution?		2.(a) If veteran, name war World	War I (Navy	.1
3. (a) FULL NAME				3. (b) Social Securit	y Number
	EVELYN	KERR BAUMANN		None	
I. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Divorced	20, DATE DE DEATH April	25 19.54.5	21 8:00
	None		21. I CERTIFY that death occurred on the de		
6, (b) Name of husband	or wite	A () 14 11	Lot pul S	واح	19
			and that I last saw halive on		
	o October		Immediate cause of death		DURATI
8. AGE: Years	Months	Days If less than one day		***************************************	di
49 49	6	21hrs.	min. Coronary as	chisin	and
a Birtholace Wa	shington,	D. C.	Due fo	***************************************	
	(Town, et	eterans Administ:	athon	***************************************	
1D. Usual occupation	DIELK - A	everans Administr	Due fo		
11, Industry or business					
置 12. Name. Ja	mes K. Ke	rr	Dther conditions		
13. Birthplace	Washingto	n, D. C.	(Include pregnancy wit	h.I. O mandha af J-1463	
Maiden name	Susanna Washingto	Davis			
O 45 Sinhala	Washingto	n D. C.	Major findings of operations		
=1 15. Birthplace	ashing ou	is Vorn			
		is Kerr	PHYSICIAN. Please underline the cause	to which death should be charg	ed statistically.
Address 141	O M St., N	.W., Washington, D	. C .		
Burial	or removal. Which?)	Date thereof April 29,1 (month) (day) (year	Accident, suicide, or homicide		
(Burial, cremation	or removal. Which?)	(month) (day) (year	Where did labor come?		
		ill Cemetery	Where did injury occur?(City or t		
LocationPrinc	e George	County	Injured at home, farm, industry, public pla		
18. Funeral director	71. (11	Homes CO.	Msens of Injury	Injured at work?	1
		NT TAT TAT - 1 - 2 4	n 1/c Frank J.	Burstant	m. V.
Address 2901	14th St	N.W., Washingto	23. SIGNATURE		
	. L	mm & 1 lows			

MARGIN RESERVED FOR BINDING

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6:30 P

DURATION indef.

indef.....

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

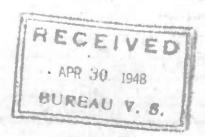
			CERTIFIC	ALE OF DEATH	Reg. Diat. No	STP
1. PLACE OF DEAT	Mont	gomery	,	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m		
City or fown(If outs How loag in above place of Hogstal Smethulage of the How loag is hospital or is	Betheso	days Leath occurred AL, Be	thesda, Md.	State Washington, D. C. count City or town. (If outside city or town limits, 2447 M Sto, NoW (If rural, give L 2.(a) if veleran, sams war	write RURAL and give near	rest town
3. (a) FULL NAME	BE	EASLEY	, Ernest Reginal	ld	3. (b) Social Security N	lumber
Male Male	N-US	8.(a)Sing	a, married, widowed, or divorced single	MEDICAL CE		, at 6:
5,(b) Name of husband or 7. Birth data of dacased (mo., day, yr.)	***************************************		c) if aliva, give age	21. I CERTIFY that death occurred on the date above	8 to APR 2	7 19
8. AGE: Yasrs	Months 10	Days 13	If less than one dayhrs.	Hypertensive Hear		
Birthplace	shington, Truck	D.C.	atate)	Due fo	4.0	
12. NameBEA	SLEY, Day Mass.	vid •	dec	Diher conditions Congestive Hea		inde
14. Maidee aamsF.	erguson, va.	Fanni	9	Major fiadiogs of operations		
			Beasley Wash.,D.C.	PHYSICIAN: Please underline the cause to which	h death should be charged s	statistically
17. buria (Burial, cromation, or Cematery or crematory	Arling	ton Na	tional rginia	22. VIOLENCE: If death was due to externat cause Accident, suicide, or homicide	(County)	(State)
18. Fuaeral director	20th St.,	N.W.,	Wash. D.C.	Maans of lajury L. E. WAT 23. SIGNATURE	TERS, Jr., Lt.	r other
19. (Data ret'd by regis		Mary	C. Patterson	trar Address USNH Bethesda, Md.	ARR.P	7 19

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

WRITE

PLEASE

MARGIN RESERVED FOR BINDING



1. PLACE OF DEATH:
County Montgomery

How long in hospital or institution?.....

Female White

3. (a) FULL NAME

RESERVED

PLAINLY, s especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46 x X

03973

CERTIFICATE OF DEATH

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOMI	E) OF DECEASED:
	County Montgomery
City or town Darnestown (If outside city or town	limits, write RURAL and give nearest town)
Street No	give LOCATION)
	3. (b) Social Security Number
ton	None
MEDICAL	CERTIFICATION
20. DATE OF DEATH April 13	2th 1948 12008
april 9	te above stated; that I attended deceased from
and that last saw ham alive on	
Careinone	A secteshing

			-						
6.(b) Nam	e ot husba	nd or w	Eli,	jah	How	ard	Bolto	on 53
7. [Birth da lecease	ite ot d (mo., da	y, yr.)	Apri	11			re, give age	ye
	AGE		ars	Months		Days	Itt	ess than one day	y
	57	5	7	11		29		hrs.	п
1D.	Usual		Нс	usew	own, cou	ard,	Ma state)	ryland	1
-	_	A A	ndr	ew J	. Mo	oble	y		13.7
FATHER								arylar	nd
HER	14. N	Naiden nam	e F	latti	e M	. Se	lby	arylar	
MOT	15. B	irthpiace	Mor	tgom	ery	Co.	, M	arylar	nd

Cemetery or crematory Forest Oak, Gaithersburg, Md

16. Informant Elijah Howard Bolton

Address Darnestown, Maryland

Location Gaithersburg, Maryland

Address Bethesda 14. Maryland

Married

Hospital, institution, or street address where death occurred: Home - Dranestown, Maryland

(Include pregnancy within 3 months of death)

Injured at home, farm, Industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE For Susschart M.D. on M. D. or

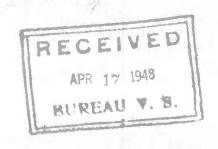
9. april 19 48. (Dale rec'd by registrar)

al Hours

Address

Fartherhung

.. Date signed 4/13/X



MARGIN RESERVED FOR BINDING

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty MANTGOMEY, Y	mand manda
(If outside city or town limits, write RURAL and give nearest town)	1 -71 - 11
ow long In above place ot death?	City or town (12 outside city or town limits, write RDRAL and give neares; town)
ospital, Institution, or street address where death occurred:	street No. 5621 Greentree Pd-
ow long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war
a. (a) FULL NAME	
mrs Tang P Budla	3. (b) Social Security Number
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	None . MEDICAL CERTIFICATION
Tomal dita wil	MEDICAL CERTIFICATION 15
rematerante midon	20. DATE OF DEATH. T. P. I
(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Birth date of S. (c) thalive, give age Dec	6/abril 1946
deceased (mo., day, yr.) will 28, 1878	and that I last saw h. 22 alive on 19
AGE: Tears Months Days ttless than one day	Immediate caose of death DURATION
69 69 8 9mln.	
Birthplace West Alexander Ga.	Due to
D. Usual occupation Douse wife	Due to.
1. Industry or business	
12. Name John Dired	Diher conditions
13. Birthplace West Alexander, Ja-	(Include pregnancy within 3 months of death)
14. Malden name Mary S. Store	
15. Birthplace Greenb Co. Ra-	Major fiediogs of operations
6 Informant J. Reed Grad loss (Son)	Aotopsy results.
Address SOMM 8 -	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial - Transit Date thereot April 7, 1948	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory West Alexanderia Cemetery	Where did injury occur?
Location West Alexanderia, Pennsylvania	Injured at home, tarm, Industry public place (where?)
B. Funerat director. W.m. Laudson Cumpling	Means of injury Injured at work?
Address Bethesda, Maryland	23. SIGNATURA P. R. R. Halley M. P.
9. 4 7 Registrar Registrar	23. SIGNATURE. Date Signed of after 8.

APR 13 1948 BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 216

L PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
Gounty Montgomery			Morrel and	Montgome	rv	
City or town (If outside city or town limits, write RURAL and give nearest town)				State Maryland		
City or town(If	its or town lin	ofte write RIIR	AL and give nearest town)	City or town. Westgs	ate	
How long in above place	e of death?	years		(If outside city or town li	mits, write RURAL and give on	arest town)
Hospital, Institution, o	r street address where d	leath occurred:		Street No. 203 Newpor	t Avenue	
			***************************************		give LOCATION)	
How long in hospital	or Institution?			2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM	1E				3. (b) Social Security	Number
5. (a) 10—1111		GEORGE	LEWIN BUNN	TELL		
			parried, widowed, or divorced		CERTIFICATION	
4. Sex	5. Color or race	V 5576				
Male	White	Mar	ried	20. DATE OF DEATH	19.4.1	at . 2 85 P. M
	A T	Die	nnall	21. I CERTIFY that doath occurred on the date	e above stated: that I attended dec	eased from
6.(6) Name of husban	d or wife Anne R	yan bu	IIIIeTT	17.01 15	10 48 to April	19.44.
		6.(c) 1	f alive, give age	I .	13.4.4.	10 44
1. Dittil date or	A 12 0112 0	t 8, 1	888			
deceased (mo., day			It less than one day	Immediate cause of death		OURATION
8. AGE: Yea	rs Months	Days		(what I have	25242	
	5 8	1	hrsmln.			
Ī	Ipper Marl	boro.l	aryland	Que to Asterio saleron	4	6 years
9. Birthplace	(Town,	county, and sta	te)	000 10		
	Real H	Estate			•••••••	
10. Usual occupation				Oue to	300000000000000000000000000000000000000	
11. industry or busin	ess	Towns T	2121212			000000000000000000000000000000000000000
12. Name	George I	henry i	Dunnell	Other conditions		
13. Birthplace	Maryla	and		(Include pregnancy with	I - 0 months of death)	
	Louisa (
14. Malden nam	C			Major findings of operations	000000000000000000000000000000000000000	
15. Birthplace		ath, Eng		0	Oate of op	
M	rs. Anne	Rvan Bi	innell	Aotopsy results	3000	
16. Informant	77 N	- A	. Wootcote M.	nervoicta M. Diana maderline the conce	to which death shoold be charge	d statistically.
Heartean			ie Westgate, M	1 49 VIOLENCE, It doorn was not to extend	al causes, fill in the following;	
Bur	ial	Date theren	May 1, 1948 (month) (day) (year)	Accident, suicide, or homicide	Date of	**************
(Burial, cremati	on, or removal. Which?					
Cemetery or crem	aten Mount	Olivet	Cemetery	Where did injury occur?(City or to	own) (Coeety)	(State)
demotory or otom			D.C.		ce (where?)	240400000000000000000000000000000000000
Location				Means of Injury	Injured at work?	
18. Funeral director	Janues	16 cy	en Ine.	Incare of title.)	- 0	
	317 Penn	sv] van	ia Avenue, S.E	15%.	18	Mars
Address	OT L CIIII	- J - V - 11	2 0	23. SIGNATURE.	Dery amen	or other
1 4/2	9 1948		1 m 6 sole	18 stade		04/28/44
19	whoistrap)		Registra	Address.		U 4 f f

THE ABOUT OF STREET STREET

RECEIVED MAY 5 1948

BUREAU V. S.

should state of Infor-

> PHYSICIANS Exact statement

EXACTLY.

stated

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

OCCUPA-

6

B

STATE OF MARYLAND	CERTIFICATE OF DEATH 03980
1. PLACE OF DEATH	1010
County Montgonery	Registration Dist. No. 311
Village or City Harathstown	No. St., Ward
Length of residence in city, or town where death occurred & 6 yrs & mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Mr 1 To Ole /	ds. now long in 0.5.11 of totergit birth? yrs. mos. ds.
2. FULL NAME WEDSLEY LOOTHER	n Juneelle
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH Abril 29 19% S. (Month) (Day)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Massy C. Bushette Vec	22. MI HEREBY CERTIFY, That bettended deceased from 1946 to 4 kl 29 1948
6. DATE OF BIRTH (month, day, and yeer) 8-28-1861	I last saw h Line alive on a kril 2 5 , 19 Kt; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 10,355m.
8 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arenea 4. 18 148
Sind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecupation (month end	
10. Date deceased last worked at this occupation (month end 938 spent in this occupation	
12. BIRTHPLACE (city or town) Clarksburg	Other Contributory Causes of importance: that he planty 1946
(State or country) January Mills	arteria Relevole 1938
13. NAME And Country of Lindelle	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
The many to the state of the st	What test confirmed diagnosis? Was there an autopsy?
E CONTRACTOR OF THE STATE OF TH	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT L. S.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Agastatorier Inflote 5-1 1948	Nature of injury
19. UNDERTAKER IN STOCKHOLIST JON	24. Was disease or Injury in any way related to occupation of deceesed?
(Address) Sunderson	If so, specify PR
20. FILEO. CAPULAS, 19 8 8 Della W. Burdetty Registrar.	(Signed) Comes Men Men Let Mig

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10. The month and year the deceased last worked at the occupation.

11. The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attock of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

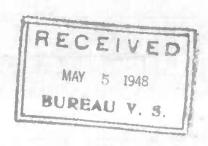
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

03381 Reg. Diat. No. 2/6

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Bontgameny Betherda	State MARYland County Mantgamery
(If outside city or town limits, write RURAL and give nearest town)	1 1 1
How long in above place of death?	(If outside city or toon limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 11- Lincoln ave.
Suburdan Haspital, Old geo. a.d.	(If rural, give LOCATION)
How long in hospital or institution? J. Binth.	2.(a) It veteran, name war
3. (a) FULL NAME Celeste	Byham 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white single	20. DATE OF DEATH about 30 19 48 21 9:55 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
	4/28 19.48 10.41.30/41.019
7. Birth dale of deceased (mo., day, yr.) april, 28, 1948	and that f last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
/ 15 hrs. 13 min.	alematurely Degree ,
	Respective Asportant
8. Birthplace Bettlesda Montgamera MARy land	Due to
10. Usual occupation	D. A.
11. Industry or business	Due To
	Other conditions a
12. Name Carl Sester Usyham 13. Birthplace Kane Penn	
	(Include pregnancy within 3 months of death)
14. Maiden name Carul Caleste Kennedy 15. Birthplace Pulas Ki Tenn	Major findings of operations
2 15. Birthplace Culaski, Jenn	
16. Informant CARI Lester Byham	Antopsy results
I I I MA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Rock Ceek Co.	Where did Injury occur?
	Injured at home, farm, Industry, public place (where?)
Location Washington, D.C.	Means of Injury Injury Injury Injury Injury Injury
18. Funeral director. Joseph Bureling Done	missins of injury
Address 1756 Penn and Now	1 left and of Mor
11122 114 May F 0 0	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	Address Buthirde Ma Bate signed 4/90/4



(Date rec'd by registrar)

SN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1 passes
4
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100

Reg. Dist. No. ...

How long in above place Hospital, Institution, or US Nav	Beth outside city or town i of death? street address where wal Hospit	esda (1 limits, write l death occurre al Bet	tURAL and give nearest town) 25 days d: nesda, Md.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a State. Cuba Cou Cily or town Canaguey (If outside city or town limits Street No. (If rural, give	, write RURAL and give	nearest town)
How long in hospital or	institution?		25 days	2.(a) If veteran, name war	*************************************	
3. (a) FULL NAM	E		Felipe Enrique Ag	guilera	3. (b) Social Securi	ty Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	Lance of
male	Cuban		married	20. DATE OF DEATH 14 April	19.48	3 2:40 A
			adenas	21. I CERTIFY that death occurred on the date abo	ve stated: that t attended d	eceased from
7. Birth date of	Rohmi	ary 6,	c) If alive, give ageyeal	and that I last saw him_alive on	ll April	19. 48
deceased (mo., day,) 8. AGE: Years	,,,,	Days	If less than one day	Coronary Artery Thro		
	53 2	9	hrsmlr	n.	moosls	
1D. Usual occupation	Cub s	an Nav	atate) Y	Due to Coronary Heart I Arterioscleroti Due to Valvular Hear	t Disease	
12. Name	Cuba			Mitral Insuffici	enev	
14. Maiden name.	Aguilera	, Mari Cuba	ana dec	(Include pregnancy within 3 r	•••••	
16. Informant Mrs.			z de Gadenas ashington.D.C.		mad	
17. Burial, cremation	Removal.	Date the	reol Opr. 16, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	
			tery			
	Havana,			Injured at home, farm, Industry, public place (wi	tnjured at work?	***************************************
18. Funeral director	S. H. HI	NES 6	1./0.	Mssns of injury	tinjured at Work?	
Address 290:	1 14th St.	300	Wash. D.C. C. allerson y C. Patterson	23. SIGNATURE To January 23. SIGNATURE		MC USN D. or other



Charles of the Association of the con-

especially

ASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(13983 Reg. Dist. No. 223 -

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Mant gama 2. 4 City or town Takama Park, Mary land (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary land County MONTSOME! City or town Racht VI. I.R. (If outside city or town limits, write RURAL and give nearest town)	
County Maryland State Maryland County MONISOME! City or town Takoma Park, Maryland (If outside city or town limits, write RURA) and give nearest town)	
(If outside city or town limits, write RURAL and give nearest town)	
(If outside city or town limits, write RURAL and give ne	
	rest town)
Hospital, Institution, or street address where death octured: Washington Sanitavium & Hospital (If rural, give LOCATION)	
How long In hospital or Institution? 2 days 2.(a) If veteran, name war.	
3. (a) FULL NAME	Number
Carey, Mr. Phillip Lawrence 523-05-1	
4. Sex 5. Color or race 61a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	7
Male White Married 20. DATE OF DEATH CYN /3 19.40	11/1.50am
6.(b) Name of husband or wife. Carely, Mrs. Huna. 21. I CERTIFY that death occurred on the date above stated; that I altended dece	ased from
	147
7. Birth date of and fhaf i last saw h	19.7
8. AGE: Years Months Days It less than one day	Vor 2 months.
74 5 29	
9. Birthplace Now Brunswick, Quebec, Canada Due to. (Town, county, and state)	
10. Usual occupation. BUSINESS Man	
11. Industry or business Bysiness Controls Service	***************************************
12. Name Hbraham Carey 13. Birthplace Quebec, Canada (Include pregnancy within 3 months of death)	
Maiden name Ellan Nellis	
15. Birthplace Quebec, Canada Majur findings of operations. Date of op.	***************************************
to Informant Wash San & Hosp Records Autupsy results.	
PHYSICIAN, Place underline the cause to which death should be charged	statistically.
Address Takoma Park, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following:	
t7. Burial (Burial, cremation, or removal, Which?) Date thereof. April 17. 48. (Conth) (day) (year) Accident, suicide, or homicide. Date of	
Cemetery or crematory. Holy Cross Where did Injury occur?	(State)
Location Malden, Middlesex Co. Mass. Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Warner E. Rumphrey Means of Injury Injured at work?	0
Address 8434 Ga. Ave. STWer Spring, Mi.	hot.
19. April- 15 19.48 / Holling World 23. SIGNATURE 460/College Unit (Dark ree'd by registrar) Address. Signature 24. Date signed.	or other 4-13-48

RECEIVED

APR 16 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLAINLY, vis especially

ASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg.	Diat.	No.	

		1-
1.	1	6

1. PLACE OF DEATH: + 10 mer 11	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county DOTA	State Mary and county Montgomery		
Cily or town	131100		
How long in above place of death?	City or town (thoutside city or town limits,	write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No		
How long In hospital or Institution?	(If rural, give LOCATION)		
3.(a) FULL NAME	2.(a) If veteran, name war		
Thomas Carroll		3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male white married	20. DATE OF DEATH.	7, 1948, 80	
6,(b) Namo of husband or wife \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21. I CERTIFY that death occurred on the date above elated; that I attended deceased from		
	(2:05am)4-7 19	40, 10 4 - 7 - 19 Y	
7. Birth date of deceased (mo., day, yr.) Jan. 2, 1867-	and that I last saw h 4223alive on	-7-48 19	
8. AGE: Years Months Days If less than one day	Immediata cause of death	DURATION DURATION	
81 3 5hrsmin.			
9. Birihpiace Washington D.C., (Town, county, and atate)	Due to Cutteriosele	wi .	
10. Usual occupation. Retired	Due to.		
11. Industry or business			
12. Name Joseph Carroll 3. Birthplace Washington, D.C.	Other conditions		
	(tnclude pregnancy within 3 months of death)		
14. Malden name Catherine Rab Diff	Major findings of operations		
El 15. Birthplace Washington, D.C.	Date of op.		
16. Informant WIFE	Antopsy results		
Address Same	PHYSICIAN: Please underline the cause to whi		
(Burial, cremation, or removal, Which?) Date thereot. Chril 10,1948 (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Cemetery or examples Cockrille Union	Where did injury occur?(City or town)		
Joseph Rockville Warsland			
Location D	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?		
18. Funeral director Manner G. Turnphrey	newtra vi mjarj	injuico di non/	
Address 8434 Jeorgia are, Silver Spring, Oud	23. SIGNATURE 20 49 3	Ford M.D.	
19. (Date rec'd by registrar)	Address Suburban &	M. D. or other of the Date eigned 4 -) - 4	



2	PLAINLY
5 9.45-15M	SE WRITE
VS A15	PLEASE

MARYLAND STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

birth date shown on:

Evidence for change of

03985

M NO. 6 1 3 APR 23 1948 CERTIFICAT	TE OF DEATH Reg. Diat. No	2/3
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Rockville (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Montgomery City or town Rockville (If outside city or town limits, write RURAL and give near	
How long In above place of death?	(If outside city or town limits, write RURAL and give near Street No. 910 Grandin Avenue, (If rural, give LOCATION) 2.(a) It veteran, name war	
3. (a) FULL NAME EDITH MAE CH		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH	8:45-Pu
6.(b) Name of husband or wife. Marion Lee Chapman 6.(c) It alive, give age. 72 years 7. Birth date of deceased (mo., day, yr.) November 10, 1884/1883	21. I CERTIFY that death occurred on the date above stated; that I attended decease that I attended decease the state of t	ed from
8. AGE: Years Months Days If less than one day 65 65 6 4 hrsmin.	Immediate cause of death MASSIVE CEREBRAL HEMORRHAGE	DURATION / HR.
9. Birthplace Ohio (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business None	Due to. HYPERTENSIVE HEART DISEASE Due to.	10-15/R)
12. Name John H. Hubbard In 13. Birthplace Pennsylvania	Other conditions	
14. Malden name Margaret Lee 15. Birthplace Unknown	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Mr. Marion L. Chapman Rockville, Maryland	Antopsy results	***********
Burial Date thereot Apr 17, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Forest Oak Cemetery	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	
Location Gaithersburg, Maryland 18. Funeral director LL Newbrew Texas Free	Injured at home, farm, Industry, public place (where?)	(State)
Address Bethesda, Maryland 19. # 16/48 19 Styllamyson (Date rec'd by registrar) Registrar	23. SIGNATURE Jan Lon S. Raunberg en M. D. or Address Bockwille, Mrzyland Date signed	M.D.

APR 17 1948
BUREAU V, S.

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MARYLAND STATE DEPARTMENT OF HEALTH

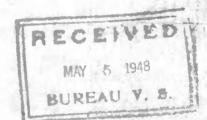
2411 N. Charles St., Baltimore

466+

03980

Reg. Dist. No.

. PLACE OF DEAT	H: Monte	om'ery		2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	F DECEASED: mother)	
Bethesda (rural)				State Virginia Cou	Arlingto	n
(If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	Sity or town Arlington		
How long in above place of	death?	12 day	S	City or town Arlington (If outside eity or town limits	s, write RURAL and give nea	rest town)
Hospital institution or str	ed address where	death occurred	ethesda, Md.	Street Ho. 4225 Lorcom L	ane	
How long in hospital or Ins			7.7 -1	(If rural, give	LOCATION)	/
3. (a) FULL NAME	-				3. (b) Social Security	Number
CLEXTON.	Zita Lar	ghorne				
	. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
female	W-US	ma	rried	20. DATE OF DEATH 30 April	11 19 48	, 11:55P.
		Edward	W. Clexton	26 I CEPTIEV that death accurred on the date abo	we stated. that I attended decar	seed from
6.(b) Name of husband or	wife			18 April 19. and that I last saw h er alive on	48 ₁₀ 30 A	pril, 48
7. Birth date of			c) if alive, give ageyears	and that I last saw h Gr alive on	30 April	19 48
deceased (mo., day, yr.)	UC	toper 1	.8, 1898	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	Cacherin lyhe	me	3 mo.
119	6	12	hrsmln.			
	aliform	a		Que to Recurrent ade	o Carcinano	***************************************
9. Birihplace California (Town, eounty, and atate)				Atomach.		
fD. Usual occupation housewife				Due le		
1f. Industry or business			A-III	896 (4		
	LANGHO	RNE. Jo	ohn D.	Biber conditions		
12. NameSP. 13. 6irthplace		N.J.		Grief Contributs		
~ 1	DENCED	71+2		(Include pregnancy within 3 a	months of death)	
14. Maiden nameS.	I ENOTHE,	Englar	nd	Major findings of operations		
15. Birthplace		71167.00			Date of op	,
	and: Cap	t. Edwa	ard W. Clexton USN	Antopsy results aden O Carcer	era, Ston	ach
			ston Virginia	PHYS1CIAN: Please underline the cause to w	hich death shoold be charged	statistically.
				22. VIOLENCE: If death was due to external cau	uses, fill in the following;	
ft. buria.	removal, Which	Date fher	601	Accident, suicide, or homicide	Date of	
		1100	National	Where did injury occur?(City or town)	(County)	(State)
				tnjured at home, farm, Industry, public place (w		
Location Arlington Virginia				Msans of Injury	Injured at work?	
			al Home W.E.H.	977N.d	a. h.	
		vd. Arl	ington, Va.	23. SIGNATURE J. T. FONLER	Jr. Cdr. MC	IISN
5-1-1.8	167	many	C. atterior	23. SIGNATURE	M. D. c	or other
19. 5-1-18 KX Mary C. Patterson Registrar				USNH Bethesda, Mc	Le	5-1-48



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03987

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MD. Coucity Mande OMER, Co. City or town BETHES DA (If outside city or town limits, write RURAL and give nearest town) Streel No. 2014 CUSTER ROAD (If rural, give LOCATION) 2.(a) If veleran, name war.
3.(a) FULL NAME ANITA Co	3. (b) Social Security Number
FEMALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE DE DEATH 19.11 4.05.6.
6.(b) Name of husband or wife. SAMUEL F. COLE 7. Birth date of deceased (mo., day, yr.) JUNE 21, 1880 8. AGE: Years Months Days If less than one day 67 9 26	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.4
9. Birthplace WASHINGTON, D.C. (Town, county, and atate) 10. Usual occupation House Wife 11. Industry or business 12. Name HENRY L. TRY LOR	Due to
13. Birthplace FOREST VILLE, MD. 14. Maiden name ANNIE BERRY 15. Birthplace PRINGE GEORGES Co., MD.	(Include pregnancy within 3 months of death) Major fiedings of operations
16. Informant. SAMUEL F. COLF Address \$0.14 CUSTER BD. BETHESDR, MO. 17. Burial Communication, or removal. Which?) Cemetery or crematory Color July County Control (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location 18. Funeral director The S. K. Higger Cd Address 2901 14 TH St. WW. 19. Asril 18 1948 Josephunger Schoolff	Injured at home, farm, industry, public place (where?) Misans of Injury Injured at work? 23. SIGNATURE M. D. or other Address. Address. Date signed



APR 21 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03988

CERTIFICAT	E OF DEATH Reg. Diat. No. 2/9
V. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (If outside city or town limits, frite RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME ROBERT Eugenes on b S 4. Sex V8. (a) Single, married, widowed, gravorced	3. (b) Social Security Number NONE
Male white infant	20. DATE OF DEATH APYIL 13 19 4 8 at 4:04/.
8.(b) Name of husband or wife NONE 8.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than onn day hrs. min. 9. Birthplace Suithers (Town, founty, and state)	and that I last saw hold halive on 19. Immediate cause of death for the Colors Duration Due to 19.
1D. Usual occupation	Due to
12. Name Lloyd Liveble Comes. 13. Birthplace Co W. Va.	Other conditions
14. Malden name Hattie Irena Cattiff 15. Birthplage Saithustage	Major findings of operations
18. Intermant ubut han tospital genrye town to. Address Bethes da mo	Aulopsy results
17. Burial Date thereof April 15.1948 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Forest Oak Cemetery Location Gaithersburg, Maryland	Where did Injury occur?
18. Funeral director William Renter Purghays	Means of Injury Injured at work?
Address Bethesda 14, Maryland 19. (Date rec'd by registrar) Registrar	23. SIGNATURE 181879VOOCHO M. D. or other Address 2310 Caecus. Ces. Date signed 115/48

RECEIVED

APR 24 1948

BUREAU F. S.

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A TA	DVI	AND	STATE	DEPARTMENT	OF	HEALTH
VI.A	KIL	AND	DIAIL	DEFARIMENT	UL	REALIR

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

(1398)) Reg. Diat. No. 222

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Mantgamery	
City or town. Take Mary Mary Jan d	state Maryland county Mantgamary
How long in above place of death? 1.4.v. 7 ma. 15 da.	City or town. Takama. Paxk. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 707 Carroll Ave.
Washington Sanitarium of Hospital	(1f rurnl, give LOCATION)
How long in hospital or institution? y. Y 7 ma 1.5 dac.	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cornor, Mrs. Sarah Cassell 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white widowed	20. DATE OF DEATH Office 6 1948 217:53 a:1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	ang 1946 10 april 6 1948
7. Birth date of deceased (mo., daw. yr.) Oct. 6, 1860	and that I last saw h Lt. alive on 4-6-11948
	Impediate cause of death OURATION
o. Aut.	Congestive Cardice Tailine Serminal
87 6hrsmin.	A A A
9. Birthplace Salam, Ohio (Town, county, and state)	Due to leebral Nemoustage 3 days
10. Usual occupation House wife	O.L. Henry
11. Industry or business Qwn home	Due to Mulitarilliano
MI A LAL	Dither conditions.
12. Name DALTIMORE DALTIMORE	
	(Include pregnancy within 3 months of death)
14. Malden name 26/2 LINCINDA COFFMAN. 15. Birthplace 96/2 PENNA.	Major findings of operations
ENNA.	Date of op.
16 Informant Wash, San & Hosp Recards	Autopsy results.
The state of the s	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Takoma Park, Maryland	22. VIOLENCE: If death was due to external causes, till in the following;
Burial, cremation, or removal. Which?) Date thereof. Grill J. 1948. (month) (day) (year)	Accident, suicide, or homicide
(Burial, eremation, or removal. Which?)	
Cemetery or crematory GEO. WASH. MEMORIAL CEMETERY	Where did injury occur?
Location RIGGS Rd., HYATTS VILLE, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director J. ARTHUR WALTERS.	Means of Injury Injured at work?
Address 254 CARROLL ST. N.W. TAKOMARAK O.C.	on Robert Haralus.
a las Vic J-Hilland Do	3. SIGNATURE M. D. or other
19. (Dafe rec'd by registrar) Registrar	Address Sama Park Md Date signed 4/6/48



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CERTIFICATE OF DEATH

Reg. Dist. No.

nearest town)

ed statistically.

.12:45P

DURATION

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	
City or town	State MO County
li months 12 days	Cily or town Kansas City
How long in above placs of death?	Cily or town (If outside city or town limits, write RURAL and give nearest town
US Naval Hospital, Bethesda, Md.	Street No. 850 West 53rd Terrace
	(If rurai, give LOCATION)
now long in nospital of recitation?	2.(a) tf veteren, name wer WWI
3. (a) FULL NAME	3. (b) Social Security Number
COULTER, Virgule Milton	
4. Sez S. Celor or recs S.(a)Single, merried, widawed, or divorced	MEDICAL CERTIFICATION
Male White Married	2 Frmi 7 1.8 72
3000 2200	20. DATE OF DEATH
S.(b) Name of husband or wita Leah L. Coulter	2t. I CERTIFY that death occurred on the date above etated; that t attended deceeeed from
	10 November 19 147 to 2 April
7. Birth date of July 12, 1892	and that t last eaw h. f.fq. alive on 4-2-
accepted (med, 40), yes	Immediate cause of death
8. AGE: Yeara Montha Deys If ieee than one day	Immediate cause of death DU
55 8 20hrsmln.	
8. Sirthplace	Que to
(Iown, county, and state)	
10. Ueuai occupation Retired Navy	
	Due to
11. Industry or business	
12 Name GOULTER, Marion C. dec.	Diher conditions
3 13. Sirthpiece Ark.	(Include pregnancy within 3 months of death)
14. Maiden name POWELL, Harriet M. *** Ark.	
Ark.	Major fiodings of operations
16. informant Wife: Mrs. Leah L. Coulter	Aotopsy resolts
Address 850 West 53rd Terrace, Kansas City, Mo	Aclopsy resolts
- A	22. VIOLENCE: tt death wee due to external causes, till in the following:
(Burial, eremation, or removal, Which?) Bats thereof. (month) (day) (year)	Accident, evicide, or homicide
Cemstery or crematery Masonic Cemetery	Where did injury occur?
Konega City No.	
Location Kansas City, Mo.	tnjured at home, farm, industry, public place (where?)
ts. Funeral director, W. W. Chambers Q.P	Meene of Injury Injured at work?
Addresel400 Chapin St.N.W., Washington D.C.	9Nm D9/. + 1,
Address 1400 Chapter St. W. W. Washing Con J. C.	23. SIGNATURE (J. JOHN VIJA) MC
11-2- 18 Mark C. Patterson	M. D. or other
(Date rec'd by registrar) Registrar	Addreed S. Manal Nasp Bethesda Bate elgned 4-3
	MC.

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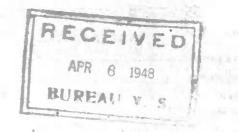
WITH UNFADING INK. Supply every item of inportant, Physicians: please write the causes

PLAINLY, vis especially

WRITE

PLEASE

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2411 N. Charles St., Baltimore

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217

CERTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME George , J 4. Sex 5 Color or race (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
male Colored married	20. DATE OF DEATH Office 29 1948, at 1:20 M
8.(6) Name of husband or wife C Sus A Market Market Sus A Su	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from 19.45. and that I last saw help alive on Africa 2 9 19.45.
7. Birth date of deceased (mo., day, yr.) Feb 16, 1891	
8. AGE: Years Months Days It less than one day	Immediate cause of death
57hrsmin	toronary tubolesm / hour
9. Birthplace Manusk Monta, Man (Cown, county, and state)	Due to Coronay selevois
10. Usual occupation	Due to regionalis
12. Name Search E Money 3111 13. Birthplace Mode	Bither conditions Type Cepter
14. Maiden name Marthu James 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
≥ 15. Birthplace	_ Date of op.
- 16. Informant	Autopsy results
17. (Burial, cremation, or remoyal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Harlich Com	Where did Injury occur? (City or town) (County) (State)
Location light market	Injured at home, farm, industry, pubic place (where?) Means of Injury Injured at oark?
Address Rackarello; and	Maket Towell M.D.
19 May 2 19 48 Festinde B Law (Date reed by registrar)	23. SIGNATURA M. D. or other Address Norbeek Mul Date signed Way 1, 48

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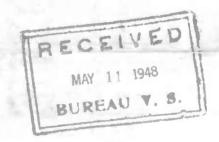
PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

9-45-15M

WRITE

PLEASE

VS A15



PLEASE WRITE

VS A15

correct age

2411 N. Charles St., Baltimore

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E OF DEATH	Reg. Diat. No. 22
2. USUAL RESIDENCE (HON	1E) OF DECEASED:
State Maryland	county Mantgamery
City or town. Silver 5	orings
Street No. 95 12 4 à	LYWOOD ST
2.(a) If veteran, name war	
	3. (b) Social Security Number
140010	Trong
MEDICA	AL CERTIFICATION
20. DATE OF DEATH. Upr	11 148 at 8:30 a.
21. I CERTIFY that death occurred on the	
april	148 10 Cys 11 1098
and that I last saw halive on	- 1
Immediate cause of death A	DURATION
Pell Poset	ul Humkags
ales 10	Hension
Due to	
***************************************	***************************************
Due to	
Other conditions	
(Include pregnancy w	vithin 3 months of death)
Major findings of operations	•••••••••••••••••••••••••••••••••••••••
	Date of op.
Autopsy results	se to which death should be charged statistically.
22. VIOLENCE: If death was due to ext	ernal causes, fill in the following:
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or	r town) (County) (State)
Injured at home, farm, Industry, public	
Means of Injury	Injuged at work?
Donu	V. Hart: mx
23. SIGNATURE	M. Dother
1/3 Causel &	Pate sigher 4-11-48

		CERTIFICAT
. PLACE OF DEATH	l:	
county Monte		
	de city or town lim	aits, write RURAL and give nearest town)
low long in above place of d lospital, institution, or stre	et address where d	
Washingi	/ 2	anitalium.
low long in hospital or inst	Itulion?	J
3. (a) FULL NAME		1 = 00
Reube 1. Sex 15.	n Ro.	szel Duffie
		(£.(a)Single, married, wildowed, or divorced
Male 1	unite	Married
5.(b) Name of husband or w	iie Ma	y C. Duffie
f. Birth date of		
f. Birth date of deceased (mo., day, yr.)	Sept. 6	20, 1887
8. AGE: Years	Months	Days f less than one day
60	6	21hrs
9. Birihpiace	(Town.Je	ton D.C.
fD. Usual occupation	letired	U.S. Gout Worker
f2. Name. Jol	n Di	- 2:23
13. Birthplace	Casca	
K 13. Birtiplace	- 0440	Sullivania
f4. Malden name	loven	ce Sullivan
f4. Malden name	orge to	un D.C.
f6. Informani San	itariu	m Records
Address		
(Burial, cremation, or	removal, Which?)	Date thereof Openio 14 A 48 (month) (day) (year)
Cemetery a committery	nt (Quet
Location Levan	singto	n, 10.0.
f8. Fureral director		
Address & LLY	12 Op	ting mid
19. April 1	2 19 48	Allina Doll Registrar

Montgomery Country Coroner notified

by the phone of their case and he

approved certificate. Me hold a

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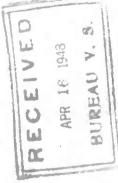
g deceased so are joing about with

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Sean Holding Mas

113 Castall St MW

4-11-48 Wash DC



2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

216

И	CERTIFICAT	E OF DEATH Reg. Diat. No.
	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3. (a) FULL NAME Walter Clayton	Ouke 3. (b) Social Security Number 146/69
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wale white married, widowed, or divorced 6.(b) Name of husband or wife Munice	20. DATE DE DEATH
	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs	and that I flast saw h alive on 19. Immediate cause of death Additional Land Charles
	9. Birthplace	Due to
	13. Birthpiace Charlottsville Va. 14. Maiden name Mary Mc Cann. 15. Birthpiace Pittsburgh, Pa- 16. Informant.	(Include pregnancy within 3 months of death) Major findings of operations
	Address 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Cemetery	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
	18. Funeral director. Hom. Assert Rumphrey Address Bethesda, Maryland	Injured at home, farm, industry, public place (where?) Mesns of injury Though Broschart M. D. 23. SIGNATURE M. D. or other

RESERVED FOR BINDING

MARGIN



information of death clea

K. Supply e

PLEASE WRIT

(Date rec'd by registrar)

BINDING FOR RESERVED MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1	-	
55.	1	a

2.(a) If veteran, name war.....

Reg. Dist. No. 714

CERTIFICATE OF DEATH

 USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland Montgomerv Silver Spring City or town. (If outside city or town limits, write RURAL and give nearest town) Grove Street (If rural, give LOCATION)

 	 	_	-
			ME

1. PLACE OF DEATH: Montgomery

How long in above place of death?..... Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

8409 Grove St.

3. (b) Social Security Number none

	Par	isy Re	ebecca	Eslin
I. Sex	5. Color or race	6.(a)Single	, married, widowe	d, or divorced
Female	White	Mar	ried	
6.(b) Name of husband	r wife Erne	st G.	Eslin	
		6.(0) If ailve, give ag	eyears
7. Birth date of deceased (mo., day, yr) Marcl	12,	1889	
8. AGE: Years	Months	Days	tf less than o	
59	0	23	hrs	m)n.
is. construction	Housew:	ife	tate)	
11. Industry or business Ge(12. Name	Layhill	, Md.		
14. Maiden name 15. Birthplace	Elizal Mont.	co.,	Kemp Md.	
16. Informant	r. Ernes	t G. 1	Eslin	
Address 8409				
17 Buria (Burial, cremation.	or removal. Which?)			1 8 194) (dsy) (year)

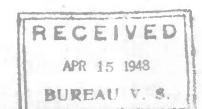
MEDICAL CERTIFICATION	28
20. DATE DE DEATH 1948	1 12 P
21. I CERTIFY that death occurred on the date above stated: that I attended decease 23 19.48, to 5-48	
and that I last saw here alive on 4-5-48	19
Inmediate cause of death. I	DURATION
Lutinulous basis:	zyra
Due to	***************************************
Que in General Cacheria:	***************************************
Other conditions	***************************************
(Include pregnancy within 8 months of death)	

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (where	?)	

Injured at work? Means of Injury

23. SIGNATURE



PLEASE WRITE PLAINLY, v

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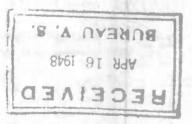
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95C

/ 33 5 8 03995 Reg. Dist. No. 2//

J		Reg. Dist. No	g
1	A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
1	county 7107 tg omerg	(For newborn infants give residence of mother) State	וושמו
-	City or town. (If outside city or town himle, write RURAD and give nearest town)		1
	How long in above place of death?	(If outside tity or town limits, write RURAL and give nearest to	own)
	Suburban Hospital	Street No. 8560 LOCUST HILL ST	d-
	Now long in hospital or institution?	2.(a) If veleran, name war	
	3. (a) FULL NAME	3. (b) Social Security Numb	ber
	wr- waved & grans	None	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	00
	mole white married	20. DATE OF DEATH ARY 1 7 19 4 8 21	81.
	6.(6) Name of husband or wife	21. I CERTIFY that death-occurred on the date above stated; that I attended deceased fro	
	6.(c) If alive, give age 59 years	0 + 19 47 10 G/sid ?	
	7. Birth date of deceased (mo., day, yr.) Q ct. /7. /872-		19Y.
	8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION Leas
	75 5 20mie.		/
	9. Birthplace Ca.M. Dria W 15C 7	Due to Acate Cardia Calma Grantone	o Laye
	10. Usual occupation	(+P) .	
	11, industry or business	Due to Carmeny Throndonia	/ Jag
	E 12. Name John R. Evans	Other conditions frements in article ration	2 years
	13. Birthplace Wales		
	# 14. Maiden name and man Evans	(Include pregnancy within 3 months of death)	
	14. Maiden name ame ame ame ame ame ame ame ame ame	Major findings of operations.	****************
	16. Informant Wice	Autopsy results.	****************
	Address Se M.C.	PHYSICIAN: Please underline the cause to which death should be charged statisti	cally.
1		22. VIOLENCE: If death was due to external causes, fill in the following:	
	17 Burial - Transit Bate thereof April 9,1948 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
	cemetery or crematory Lincoln Highway	Where did Injury occur?	te)
	Location Aurora, Illinois	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Wass . Landson Cumpenage Means of Injury		Means of injury injured at work?	
	Address Bethesda, Maryland	Druce (Desig asmi, Us)	9.
	19 april 9 10 48 ME. 866	M. D. or othe	1/11/
1	(Date/rec'd by registrar) Registrar	Address Date signed 4/8	748



FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

63C

03995

CERTIFICATE OF DEATH

Reg. Dist. No. 223

	Aveg Distriction and an artistic and a second a second and a second and a second and a second and a second an
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty Montgoning	(For newborn infants give residence of mother)
ity or town Jakona Oak Ind.	State 7 County
(If outside city or town limits, write RURAL and give nearest town)	and the same of th
low long in above piace o1 death?	(If outside city or town limits, write RURAL and give nearest town)
Wash Sur & Dock	Street No. 433 000330 000 12.
	(If rural, give LOCATION)
low long In hospital or institution?	2.(a) If veteran, name war
Donald Eugene Faga	3. (b) Social Security Number
	MEDICAL CERTIFICATION
Male white Single	20. DATE DF DEATH. 4/16/ 1948 at 10 a.
5, (b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	4/16/ 1948 10 4/16/ 1948
6.(c) If alive, give ageye:	ars and that I last saw h. 244ailive on 4/5
deceased (mo., day, yr.) Tebruary 25, 1941	Immediate cause of death.
AGE: Years Months Days If less than one day	couts copillary Bin - 24ho
1 1 21hrsmi	in.
The Ph mandand	Que to Tonsellities 2 day
Birthplace Takoma Park, Mary and (Town, county, and state)	Due to Describer
D. Usual occupation Child.	A TATE
	Due to Due to
. Industry or business	
12. Name John Albert Fagan	Other conditions Toulands Life
13. Birthpiace Washington D.C.	Cretinism
14. Maiden name Qladys Viar	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace Dirginia	
16. Informant John A. Fagan	Autopsy results
Address Washington, D.C.	PHYSICIAN: Please underline the cause to which death should be charged statisticslly.
	22. VIOLENCE: Il death was due to external causes, fill in the following:
(Burial, Strengton, or removal, Which?) Date thereof. ADP. 19.191 (month) (day) (year)	Accident, suicide, or homicide, Date of
Cemetery or crematory Wash. National Cemetery	Where did injury occur? (City or town) (County) (State)
Location Prince Georges Co., Md.	injured at home, farm, Industry, public place (where?)
18. Funeral director WW Chambers ED.	Means of Injury Injured at work?
ulas al i although	ma-
Address 1400 Chapsing Affill W.	23. SIGNATURE
10 your 16 10 48 FUNDAM DOOD	M. D. or other
(Date rec'd by registrar) Registr	Address Date signed 4

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APR 21 1948

BUREAU V. S.

PLEASE

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

Charles St. Baltimore

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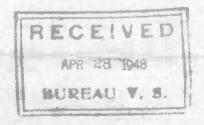
	CERTIFICAT	TE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County Montgomery City or town Rockville (If outside city or town limits, w) How long in above place of death? Life Hospital, institution, or street address where death or 109 Forest Ave., Ro	curred:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a state. Maryland Country or town Rockville (If outside city or town limits Street No. 104 West Mont (Ifrural, give 2.(a) It veteran, name war. No.	F DECEASED: mother) mty Montgomery write RURAL and give nearest town) gomery Avenue,
3. (a) FULL NAME	CADEM BILLDO		3. (b) Social Security Number
	RGARET FIELDS		None
Female White 6.(a)	Single, married, widowed, or divorced Single	MEDICAL CE	ERTIFICATION 1989 of SP
7. Birth date of deceased (mo., day, yr.) November 1 8. AGE: Years Months Day 96 96 5 1 9. Birthplace Rockville, Mon (Town, county, 10. Usual occupation. None 11. Industry or business None 12. Name Mathew Fields 13. Birthplace Rockville, None 14. None 15. None 16. None 17. None 17. None 18. None 18. None 18. None 19. None	s ff less than one day min. hrs. min. itgomery, Marylan of and state)	and that I last saw h. A. alive on	DURATION Q MANAGEMENT SOLUTION
14. Maiden name Rebecca G. 15. Birthplace Rockville, Miss Rebecca F	Maryland	Major findings of operations	
Address 104 W. Montg. Av 17. Rurial (Burial, cremation, or removal, Which?) Cemetery or crematory St. Marys Location Rockville Mary 18. Funeral director Address Bethesda 14, Ma	c thereof April 17,1948 Cemetery land Lucuphry	PHYSICIAN: Please underline the cause to whe 22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	ses, fill in the tollowing; Date of
19. 4 / 6 / 8 19	Mloupson Registrar	Address Carlinelle 1	Day signed 3 On K

APR 17 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

03998

M)	Ġ.	CERTIFICAT	E OF DEATH Reg. Dist. No/
1	supplied	1. PLACE OF DEATH: County ONTGOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For payborn infants give residence of mother)
/	ould carefully be sy and legibly.	City or fown AKOMA ARK AND ARK AND (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: AURSING HOME Stay in hospital or inst. (yrs., or mos., or days)	State County City or town (If outside city or town limits, write RURAL NEAR and give town) Streef No. CER (If rural give LOCATION)
7	and and	Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR
(1)	on shor	3. (a) FULL NAME DOUGLASIFIT - HVS R BER	3. (b) Social Security Number
) NG	ormation sho death clearly	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced With With Downs	MEDICAL CERTIFICATION 20, DATE OF DEATH 20, DATE OF DEATH 20, DATE OF DEATH 20, DATE OF DEATH
I	item of inf he causes of	B (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
R	y item the ca	7. Birth date of deceased (mo., day, yr.) APRIL 1, 1866	and that I last saw h 1 14 alive on 4 19 48
	Every i	8. AGE: Years Months Bays If less than one day O 23hrsmin.	Immediate cause of death Our Pulleumbruce 34 luy
RESERVED	INK. please	9. Birthplace TOOT TAILED (Town, county, and state)	Bue to alet o lorda, heart u
IN R	UNFADING. Physicians:	10. Usual occupation ASSINTERES D NURSESTE	Oue to also generalized and
MARGIN	Phys	12. Name ORMES FITZ HERBERT 13. Birthplace MAINE	Other conditions - Dealete molety frag
	WITH U	14. Maiden name EXTERIENCE FITZHERSON 15. Birthplace DAINE	(Include pregnancy within 3 months of death) Major findings: Of operations Please underline
	Y, WJ	16. Informate Called C. Culver, R. N.	the cause to which death should be charged statistically.
	PLAINLY especially i	Address 83 Maple ale Month (day (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
	WRITE Pect age is e	Cemetery or crematory Awhing on DE	Where did Injury occur?
7	SE WR	18. Funeral director Duration come frames House	Means of Injury Injured af work?
VS A15	PLEASE	19. And V3 19.48 FINIMA DOTO	23. SIGNATURE M. D. or other
	, ,	(Date rec'd by registrar) Registrar	Address The State Code Bata stand That had been



2411 N. Charles St., Baltimore

03999

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	state Massachusetts County Essex
City or town Bethesda (If outside city or town limits, write RURAL and give nearest town)	Taraniah
How long in above place of death? Dead on arrival	City or town IDSWich (If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, of Street 200/ess where death occurred.	Street No. 3 Mt. Pleasant Avenue,
Suburban Hospital	(If rurat, give LOCATION)
How long in hospital or institution? Dead on arrival	(If rurat, give LOCATION) 2.(a) It veteran, name war. World War II
3. (a) FULL NAME	3. (b) Social Security Number
Thomas James &	Lynn Jr. Yes - Unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	
	2D. DATE DE DEATH. 25 1988 , 21830 P. M
6,(b) Nams of husband or wife Helen Sullivan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Light road. Exam care
7. Birth date of	and that t last saw halive on
deceased (mo., day, yr.) June 14, 1908 8. AGE: Years Months Days If less than one day	Immediate cause of death
o. AGE.	See See
	Oronary veclusion moderal
9. Birthplace Salem, Massachusetts	Due to.
(Town, county, and state) 10. Usual occupation. Capt. U.S.Marine Corps	
10. Usual occupation dabo. O. O. Parlar IIIC GOT ps	Due to
11. Industry or business U.S. Government	
單 12. Name Thomas James Flynn, Sr.	Dther conditions
13. Birthplace Lawrence, Massachusetts	(Include pregnancy within 3 months of death)
14. Malden name Celia A. Spain	
	Major findings of operations.
15. Birthplace Manchester, New Hampshire	Date of op.
18. Informant Col. O. H. Wheeler	Autopsy results
Address 6505 Brennon Lane, Ch. Ch., Md.	
	22. VIOLENCE: It death was due to external causes, till in the tollowing:
Burial - Transit (Burial, cremation, or removal. Which?) Date thereof. April 19, 1944 (month) (day) (year)	Accident, suicide, or homicide
cemetery or crematory Ipswich, Massachusetts	Where did Injury occur?
Location Ipswich, Massachusetts	Injured at home, farm, Industry, public place (where?)
	Maans of Injury Injured at work?
18. Funeral director II Culture Julie Times	Thenk I. Browhart M. 2.
Address Bethesda, Maryland	
4/201 48 Mm & Julio	23. SIGNATURE
19. 4 20 / 19. 48. Mm & School Registrar)	Address Sarthershing pad Date signed 4-11-XX



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg.	Diat.	No.	21

			2108.	
How long in above place of death? 2. Hospital, institution, or street address where de: US. Naval. Hospital	da (rural) ts, write RURAL and give nearest town) months, 7 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME			3. (b) Social Security Number	
Harry Martin FORD 4. Sex 5. Color or race W-US	6.(a) Single, married, widowed, or divorced		RTIFICATION 19 48 21 10:20P	
6.(b) Name of husband or wife. Pea	erl I. Ford 6.(c) If alive, give age years erch 10, 1899	21. I CERTIFY that death occurred on the date above 17 February 19 and that I last saw h im alive on 8		
8. AGE: Years Months 49 O	Days If less than one day 28 min.		hronic Nephritis, 10 days	
9. Birthplace Washington, I (Town, co 10. Usual occupation Retired. 11. Industry or business Washingtor 12. Name FORD, Harry H. 13. Birthplace Md.	(ll. years) Términal Railroad	Due to	delut de tong	
14. Maiden name Margaret. 15. Birthplace Mc		CONTRACT A CO	W 1256/	
Address 509 F St., N.E. 17. burial (Burial, cremation, or removal. Which?) Cemetery or crematory	Date thereof. 4-12-18 (month) (day) (year) ngton National ngton, Va. NLON N.E. Washington, D.C	Actopsy resolts. PHYSICIAN: Please noderline the cause to whi 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Oate of Jah. 1948 (County) (State)	

APR 14' 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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0.07	Dist	N	0			

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Bethesda (rural)	State Washington De Car County		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			
2 months, 18 days	City or town		
Noenitel, inetitution, or street addrage where deeth occurred:			
Noepitel, institution, or street addrage where deeth occurred: U. S. NAVAL HOSPITAL, Bothesda, Md.	Street No. 1012 H St., N. W. (If rural, give LOCATION)		
Now long to hospitat or Institution? 2 months, 18 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
FORD, Ralph	553 05 7290		
4. See . S. Celer er race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male W-US married	20. DATE DF DEATH		
Mantha E Ford	21. I CERTIFY that death occurred on the date above etated; that t attended deceased from		
S.(b) Name of husband or wife	3 February 19 48 6 21 April 19 48		
T. Birth date of Mary 27 7 80].	and that last eaw h im alive on 21 April 19 48		
T. Birth date of deceased (mo., day, yr.) May 27, 1894			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
53 5 24	Carcinoma of officino genico		
8. Birthplace Michigan (Town, county, and state)	Due to		
1D. Ueuat occupation Barber			
10. Veuzi occupetion	Due to		
11. Industry or business			
12 Name FORD, James M. dec.	Other conditions		
12. Name FORD, James M. dec. Michigan			
	(include pregnancy within 3 months of death)		
14. Maiden name LOCKWOOD, Elma dec.	Major findings of operations		
14. Malden name LOCKWOOD, Flma dec. Michigan	Date of op. St. St. St. St. St. St. St. St. St. St		
16 Interment wife: Mrs. Martha E. Ford.	same as above & generalized metastese		
Address 65 Carslie St., Uniontown, Pa.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: tf death was due to external causes, fill in the following:		
burial (Buriat, cremation, or removal. Which?) Commetery or crematory Date thereof 14-23-18 (month) (day) (year)	Accident, suicide, or homicide		
(Buriat, cremation, or removal. Which?) (month) (day) (year)	Where did injury occur? (City or town) (County) (State)		
Cemetery or crematory			
Location Arlington, Virginia Washington DC	Injured at home, farm, industry, public place (where?)		
18, Funeral director, W. W. CHAMBERS	Meane of tajury Injured at work?		
Address Lhoo Chapin St., N.W., Wash., D.C.	H. R. COOPER, Lt. MC USN		
19. 4-22 18. Mary C. atturn (Date rec'd by registrar) Mary C. Patterson Registrar	USNH Bethesda, Md. Date signed 4-22-48		

APR 23 1948

9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

X. PLACE OF SPATH: To mely	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	City or town (if outside city or town lifetts, write RURAL and give no Street No. (If rural, give LOCATION) 2.(a) Il veteran, name war M. C. A. A. (b) Social Security	
Jamen H. & orema	S. (0) Social Security	y Mumber
Male Star 5. Color or race 6.(a) Single, married, widowed, or divorced market manual	MEDICAL CERTIFICATION 20. DATE OF DEATH JSN - 20 - 1948	- 21 9 P, M
6.(b) Name of husband or wile Josaine A. Freman 6.(c) It alive, give age 4// ye 7. Birth date of deceased (mo day yr) April - 29 - 1893	21. I CERTIFY that death occurred on the date above stated: that I attended de	ceased from - 20 1948 20 - 1948
8. AGE: Years Months Days Illess than one day 55 11 20	Immodific case of death Tukaculaus	DURATION 3 pleas
9. Birthpiace montgomery Co, Md-	Due to	
10. Usual occupation famming 11. Industry or busings: Famin	Due to	
12. Name Mesley Froreman Co, Mg.	Other conditions	
14. Maiden name Millie Strarren 15. Birthplace Montgomen Co, Mg.	(Include pregnancy within 3 months of death) Major findings of operations.	***********************
To sine of the oreman	Autopsy results.	
Address Clarksburg Mg.	PHYSICIAN: Please underline the cause to which death should be charged	d statistically.
(Burial, cremation, or removal, Which?) Date thereof. Thul 23 - 94. (month) (day) (year)	Accident, suicide, or homicide	***************************************
Cemetery or crematory of Jens Will will	Where did injury occur?	(State)
18. Funeral director Lot W. Barlon	Means of Injury Injured at work?	2 1.
Address of Housille may		0. or other d 4-20-48

APR 27 1948
BUREAU V. S.

8.(a)Singla, marriad, widowed, or divorced

married

US Naval Hospital, Bethesda, Md.

James Lawrence

Negro

1. PLACE OF DEATH:

3. (a) FULL NAME

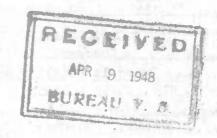
male

Montgomery

7. Sirth data of dacassed (m	a., day. yr.)			r 13, 1891
8. AGE:	Yaara 56	Moaths 6	Daya 23	tf leee than one day
6. Sirthplace	Vi	rginia (Tow	a, eounty, and	state)
1D. Vaual occu				
11. tadustry ar	bualagaa	Cocaco	la Bott	ling Works
12. Name.	FU	NN, Jame Va		en.cedec.
14. Maida 15. Birthp	n name		Ann Ro	sa dec.
				B. Funn
Addreas	1005	Oronoco		lexandria, Va.
17(Burisl, er	buria	removal, Which	Date tha	(month) (day) (year)
				National
Locatioa		Arlingt	ton, Va	P.,,
				Home HHB
			W Was	hington, D.C.
. 4	-7-	1. 48	man	C. Patterson

2. USUAL RESIDENCE (For newborn infants	(HOME) OF DE	CEASED:	
(For newborn infants	give residence of mothe	er)	
W.			
Slate	lexandria		
City on town	ilexanoria		
City or town(if outside	city or town limits, wri	te RURAL and give n	earest town)
Street No.	ronoco St.,		
	(If rurai, give LOC	ATION)	/
2.(a) If veteran, name war			
	3.	(b) Social Security	Number
	IEDICAL CERT	TEICATION	

2D. DATE DF DEATH	April 6	19/18	at 11:3
21. I CERTIFY that death occu			
30 December	19 47	to 6 Apri	19]
and that I last saw hI.M.	allye on	O.Apri	.194
Immediate cause of death			DURATION
Dyonohogon	ic, carcino	m 2	months
DLOHOLOKell	TU, CAICLIO	111 Ch	MINATE OFF
Due to			***
Due to	***************************************		
441			
Other conditions			***************************************
(Include pro	egnancy within 3 month	s of death)	
Major findings of operations			
***************************************		Dale of op	
Actorsy results PHYSICIAN: Please ouderli			d statistically
PHISICIAN: Please ouderly	ne the cause to which d	icam snould be charge	и этапвисвиу.
22. VIOLENCE: If death was	dua to axternal causes.	till in the following:	
Accident, eulcide, or homicide		Date of	
Where did injury occur?			***************************************
Whera did injury occur?	(City or town)	(Coonty)	(State)
Injured at home, farm, Indust.			
injured at nome, tarm, indust	ly, puoric place (where?)		
Meane of injury		Injured at work?	
R . 23. SIGNATURE	NUL	10.	
1 <	. I. She	my	
Re .	N. SHELLEY,	Cor. MC U	SN
23. SIGNATURE		M. D	or other
Address USNH Beth	oeda Md	Date signer	1,-7-1.8
The REAL PROPERTY OF THE PARTY	COVIDA MILLA	Data classo	4 4-1-110



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) causes of death clearly and legibly County Mont (If outside city or town limits, write RUFAL and give nearest town) (If outside city of then limits, wife RURAL and give nearest town) How tong in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information 3. (a) FULL NAME 3. (b) Social Security Number 577-07-5680 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of 1948 at 100 . M 21. I CERTIEX that death occurred on the date above stated: that I attended deceased from .B.(c) It alive, give age ... 7. Birth date of Supply deceased (mo., day yf DURATION It less than one day Years Days 8. AGE: Physicians: please ADING INK. (Town, coupry, and state) 10. Usuat occupation..... 11. Industry or business 12. Name..... important. 13. Girthplace (Include pregnancy within 8 months of death) 14. Maiden na 14. Malden name. especially 16. loformant ... PLAINLY PHYSICIAN: Please underline the caose to which death should be charged statistically. Address & 22. VIOLENCE: It death was due to external causes, till in the following: Date thereof ADri Accident, suicide, or homicide,..... (month) (day) (year) Fort Lincoln Where did injury occur? WRITE (State) Cemetery or crematory (City or town) (Coenty) Bladensburg Injured at home, tarm, industry, public place (where?) injured at work? Means of Injury PLEASE Ga. Ave.

FOR BINDING

MARGIN RESERVED

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APR 22 1948

BUREAU V. S.

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VS A15 9.45-15 PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Pro Dia No 414

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery	Slate Maryland County Montgomery		
City or town. Silver Spring (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or fown		
Hospital, institution, or street address where death occurred:	Street No. 22 Melbourne Avenue		
22 Melbourne Avenue	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
JOHN C. GIBSON			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white widowed	20. DATE OF DEATH 23 APRIL 1948 21/205Am		
6.(b) Name of Manuary wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8 (a) II allue gius aga	1 MARCH 1948, 10 23 APRIL 1948		
7. Birth date of	and that I last saw h. A. Ct. alive on 23 APRIL 18 48		
deceased (mo., day, yr.) April 15, 1880	Immediate cause of death CEREBRAL HEAL DURATION		
8. AGE: Years Months Days If less than one day	ORKHAGE MASSIVE SOMIN		
68 0 8min.			
9. Birthplace Bradford Pa. (Town, county, and state)	Due to HYPERTENSION, ARTERIAL		
(Town, county, and state)	T HYPERTENSIVE HEART DISCAR 2 MOS		
1D. Usual occupation Mining Engineer	Que to GENERALIZED ARTERIO-		
1f. industry or business	SCHEROSIS UNK.		
	Diher conditions RESIDUALS OF PREV-		
12. Name William Gideon Gibson 13. Birthplace Armstrong, Pa.	LAND CEREROL HEMPERHAER		
	(Include pregnancy within 3 months of death)		
14. Maiden name Elizabeth Hutchinson	Major findings of operations.		
14. Maiden name Elizabeth Hutchinson 15. Birthplace Armstrong, Pa.	Date of op.		
f6, Informant Mrs. Frederick W. Howard, daughter	Autopsy results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 22 Melbourne Ave., Silver Spring, Md.	22. VIOLENCE: It death was due to external causes, fill in the following:		
17. Shipment & burial (Burial, cremation, or removal. Which?) Date flereof Apr. 23, 1948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory I. O. O. F. Cemetery	Where did Injury Occur?		
Location DuQuoin, Perry County, Illinois	Injured at home, farm, Industry, public place (where?)		
18. Funeral Strector Warner & Pumphray Inc.	Means of Injury tnjured at work?		
Address 8434 Ga. Ave., Silver Spring, Md.	33 SIGNATURA Marshall Cuvillies & mas		
	M, D, of ther		
19. Apr. 43 1949 Justin Schaffe Registrer	Address 8648 GEORGIA AVE. Date signed 23 APR. 48		



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information carefully. C. Supply every item of please write the causes RESERVED FOR BINDING MARCIN

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PLAINLY, vis especially

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Dist. of Col. County City or town. Washington, India, write RURAL and give nearest town) Street No. 3.000 3975 St. N. W. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Mr. Archie A. Gillis	3. (b) Social Security Number
Male White Married Married	MEDICAL CERTIFICATION 20. DATE DF DEATH A DE 1 4 1948 23 4
6.(b) Name of husband or wife. Gladys A, Gillis 7. Birth date of deceased (mo., day, yr.) Feb. 27, 1885 8. AGE: Years Months Days If less than one day 7 hrs. min. 9. Birthplace. Boston Massachusetts (Town, county, and state) 10. Usual occupation. Day yer 11. Industry or business 12. Name. Dayniel Gillis Duncan 21. Name. Dayniel Gillis Duncan 22. 13. Birthplace Hova Scotia, Canada	21. I CERTIEV that death occurred on the date above stated; that I attended deceased from 19. 10. 11. 12. 10. 11. 12. 10. 11. 12. 12. 10. 11. 12. 10. 11. 12. 10. 11. 12. 10. 11. 12. 10. 11. 12. 12. 10. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12
14. Maiden name Margaret Tylo Phee 15. Birthplace Nova Scotia, Canada 16. Informant Address 17. Duri A. (Burful, cremation, or removal, Which?) Cemetery or crematory Forest Hill Cemetery Location Do.5 for Mass. 18. Funeral director Affician Co. Address 2901-1414 may an Edde	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No	2//
V. PLACE OF DEATH: County Montgomesy Lewis dale City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town (If outside city or town limits, write RURAL and give not street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	carest town)
CHARLES CLEVELANZ	GUE 3. (b) Social Security	Number
4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH. 10 April 19 48	7 A M
6,(b) Name of husband or wife FRANCES M. GUE Nov. 18.70 6.(c) If alive, give age 7.1 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended dec	2 19 48
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4hrsmin.	Immediate cause of death Cereboxal Vascular accident	DURATION 4 Konson
9. Birthpiace W. Lewis dale Montrowery Co. (Town, county, and state) Mary land	Due to arteriosclerosis	
10. Usual occupation farmer 11. Industry or business farm	Due to	
12. Name Lorenzo & el.	Other conditions	
14. Maiden name Carrie Unknown 15. Birthplace Maryland	Major findings of operations	
16. Informant Wife	Antopsy results	etatistically.
Address 11. Burial (Burial, cremation, or removal, Which?) Date thereof July 13.1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Triderick moreland	Where did injury occur?	
18. Funeral director O. G. Le Linet Lon.	Mesens of Injury Injured at work?	
19. Address Ariabrica maryland 19. April 10.19 48 Della W. Burdell (Date see'd by registrar) Registrar	23. SIGNATURE Chelland M. D. Address Danaseus Md: Date signed	M.D. or other 10 Apr. U8

APR 15 1948
BUREAU V. 8

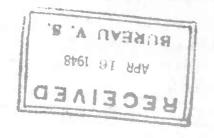
PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY MONTGOVNEYWCO.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Md.y County
(If outside city or town limits, write RURAL and give nearest town)	City or town Rockville
How long in above place of death? Single 4-8-48-69 P.VM. Hospital, Institution, or street address where death occurred: SUBURBAN HOS	(If outside city or town limits, write RURAL and give nearest town)
8600 Old George Duly Rd Betheday Md	A Street No. 170.C.17 W.L. I. C. S. S. C. S. C. S. Y. I. L. J. S. Y. I. C.
How long In hospital or Institution? 31 MC= 4-8-48-6-18	(If rurai, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	or (o) both becauty remote
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
rva (1)	MEDICAL CERTIFICATION 12
M M	20. DATE OF DEATH 4 - 10 - 48 19 21 2 P.
6.(b) Name of husband or wife. Clara Harkins (Dec)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10 10 10 10 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) James 14, 1866	and that I last saw h. Malive on 10 agric 19 48
8. AGE: Years Months Days It less than one day	Immediate cause of Jeath DURATION
82 2 26nrsmin.	Senilitu.
Compres Poursullini	D. A.
9. Birthplace OVV (Town, county, and state)	Due fo
10. Usual occupation	Due to.
11. Industry or business	
# 12. Name 2 Harkins (3)	Dther conditions
12. Name Harkins (?) 13. Birthplace ?	
# 14. Maiden name 2 Springer	(Include pregnancy within 3 months of death)
HE 14. Maiden name 2 S.P.X.I.V.Q.C.K. 15. Birthplace 2	Major findings of operations.
2 15. Birthplace	Refuled Date of op.
16. Informant Talland	PHYSICIAN: Please under he the cause to which death should he charged statistically.
* Address & 401 Bladeusburg Rd Sel	22. VIOLENCE: If death was due to external causes, till in the following;
17. Buril Dale thereof april 13 1945	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did Injury occur?
Cemetery or crematory 2000 1000 1000 1000 1000 1000 1000 100	
Location Oligan Ra . Esquare Ra.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Writer Walters	Meens of Injury Injured at work?
Address VS4 Carroll St Kew Jok Park DC	as SIGNATURE (1). D. Nessell, M.D.
. 4111 . 48 mm & o lo	23. SIGNATURE M. D. or other
(Date rec's by registrar) Registrar	Address



Reg. Diat. No.

information carefully. I

RESERVED FOR BINDING

MARGIN

A15

WRITE PLAINLY, is especially

PLE

DURATION 3 days

Set Section above place of death? Rev long in above place of death? Rev long in above place of death? Rev long in hospital per institution? 3. (a) FULL NAME HAROVER, John Thomas 3. (b) Social Security Number HAROVER, John Thomas 3. (c) Full NAME 4. Set S. Color or race S. (c) Single Morried, widowed, or divorced male W-US Single 6. (c) Hame of hurband or wife. 1. Sinh death of wife and decreased (min. day, ri) 3. (b) It alles, give age years and that llast saw h implies on GAPTII is and that llast saw h implies on GAPTII is decreased (min. day, ri) 5. Self least of decreased (min. day, ri) 5. Self least of the single Self-place of the single death should be charged statistically and that llast saw h implies on GAPTII is declared (min. day, ri) 5. Self least of the single Self-place of the single death de	1. PLACE OF DEATH: Montgomery County					(For	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
The special in above place of dealth? 2 days Street to	City or town				State County				
Size No. Naval Hospital Bethesday Md. Size No. Move Hospital or institution? Size No. Move Move No. Size No. Siz					City on town	Pittsbur	g		
Street No. The property of the state of the country of the property of the	How long in abov	re place of	death?	2 day	3	Gity of town	(If outside city or town lim	nits, write RURAL and give	nearest town)
U.S. Naval. Hospital, Bethesda, Md. Now long in hospital or institution? 3. (a) FULL NAME HAROVER, John Thomas 3. (b) Social Security Number 3. (c) If well ran, name was WII 3. (b) Social Security Number 3. (c) If well ran, name was WII 3. (d) Social Security Number 4. Set 1. Set 5. Color or race MEDICAL CERTIFICATION 2. DATE OF DEATH. 5. April 19, 18, 18, 21. 1 CERTIFY that death decorated on the date above, spites: that 1 altered decorated from 14 April 19, 18, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10						Street No.	7431 Tioga St	reet	
Second Comment Seco	.US Nav	al Ho	spital	Bethes	da. Md.		(If rursl, gi	ive LOCATION)	/
HAROVER, John Thomas 6.(a) Single Single 6.(b) Hame of husband or wife. 5.(c) Hame of husband or wife. 5.(c) Halve, give age. 5.(d) Hame of husband or wife. 6.(e) Halve, give age. 5.(e) Hame of husband or wife. 6.(f) Halve, give age. 7.(f) Halve, give							eran, name war WWI		V
MEDICAL CERTIFICATION Male W-US Single 8.(a) Single, married, widowed, or diverced MEDICAL CERTIFICATION 20. DATE OF DEATH. 6 April 19. 48, al. 8: 21. I DENTIFY, that death occurred on the date above, styled; that I aftended deceased from 14 April 19. 10. 6 April 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	3. (a) FULL	NAME						3. (b) Social Securi	ty Number
male W-US single 6.(b) Name of husband or wife 6.(c) Mame of husband or wife 6.(c) Mame of husband or wife 8.(c) Wallet, give age 9. Birth dails of deceased from dails above styled: that I attended deceased from the dails above styled:		HAR	OVER, Joh	nn Thom	nas				
5.(b) Name of husband or wife. 5.(c) If alive, give age	4. Sex	5	. Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICAL	CERTIFICATION	
5.(b) Name of husband or wife. 5.(c) If alive, give age	male		W-US	4	single	20 DATE OF	DEATH 6 Apr	il 19 1	18 1 8:
5. Birth date of deceased (mo. day, vr.) 8. AGE: Years Months Days (fless than one day 53 9 19 hrs. min. 9. Birthplace MO. (Cover, county, and state) 10. Usual occupation of the following: Rose of the following: Author of the following: Author of the following: Author of the following: Address Tional Arlington, Virginia 10. Internal director W. S. W. Chambers Co. A. P. Address 1400 Chapin St., NW. Washington, D.C. (State) 11. Interval director W. S. W. Chambers Co. A. P. Address 1400 Chapin St., NW. Washington, D.C. (State) 12. Birth date of day, vr.) 13. Birth date of day, vr.) 14. April 18. Months 19. (April 19. Months 19. Months of April 19. Months 19. Months of April 19. Months 19. M									
Immediate cause of death Section	[]						4 April	, li8 , 6 Ap	ril 19
Immediate cause of death Section	7 Pieth date of					ears	im st saw h alive on	6 April	19
8. AGE: Years Months Bays If less than one day 53 9 19 hrs. min. 9. Birthplace Mo. (Town, county, and state) 10. Usual occupation of the work of the		., day, yr.)	Jun	9 17, 1	1894				
9. Birthplace	8. AGE:		Months	Days	If less than one day				
10. Usual occupation of the purchast to a design of the pu		53	9	19	hrs	min.			
10. Usual occupation of the purchast to a design of the pu	A/1 No. 10 24/22	Mo		AUG.		Bus to Ma	lnutrition		6 mc
14. Malden name PATTERSON, Genrie 15. Birthplace Treland 16. Informant brother: Mr. Arthur Harover Address 7431 Tioga St., Pittsburg, Pa. 17. blirial (Burial, cremstion, or removal, Which?) Cemetery or crematory. Arlington National Cemetery Location Arlington, Virginia 18. Funeral director. W. W. Chambers Co. C. P. Address 1400 Chapin St. NW. Washington, D.C. Major findings of operations. Antopsy results Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	9. Birthplace	01	(Town,	county, and	state)	500 10	***************************************		
14. Malden name PATTERSON, Genrie 15. Birthplace Treland 16. Informant brother: Mr. Arthur Harover Address 7431 Tioga St., Pittsburg, Pa. 17. blirial (Burial, cremstion, or removal, Which?) Cemetery or crematory. Arlington National Cemetery Location Arlington, Virginia 18. Funeral director. W. W. Chambers Co. C. P. Address 1400 Chapin St. NW. Washington, D.C. Major findings of operations. Antopsy results Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	10. Usual occus	pation	of wor	ker f	orderlyin		Septicemia, Tv	pe Seven	118 1
14. Malden name PATTERSON, Genrie 15. Birthplace Treland 16. Informant brother: Mr. Arthur Harover Address 7431 Tioga St., Pittsburg, Pa. 17. blirial (Burial, cremstion, or removal, Which?) Cemetery or crematory. Arlington National Cemetery Location Arlington, Virginia 18. Funeral director. W. W. Chambers Co. C. P. Address 1400 Chapin St. NW. Washington, D.C. Major findings of operations. Antopsy results Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	15 Industry or	huelnace			hospital.	Due to	neumococcus	<u> </u>	
14. Malden name PATTERSON, Genrie 15. Birthplace Treland 16. Informant brother: Mr. Arthur Harover Address 7431 Tioga St., Pittsburg, Pa. 17. blirial (Burial, cremstion, or removal, Which?) Cemetery or crematory. Arlington National Cemetery Location Arlington, Virginia 18. Funeral director. W. W. Chambers Co. C. P. Address 1400 Chapin St. NW. Washington, D.C. Major findings of operations. Antopsy results Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	₩	HAR	OVER HO	hn Ti i.	1.4				******
14. Malden name PATTERSON, Genrie 15. Birthplace Treland 16. Informant brother: Mr. Arthur Harover Address 7431 Tioga St., Pittsburg, Pa. 17. blirial (Burial, cremstion, or removal, Which?) Cemetery or crematory. Arlington National Cemetery Location Arlington, Virginia 18. Funeral director. W. W. Chambers Co. C. P. Address 1400 Chapin St. NW. Washington, D.C. Major findings of operations. Antopsy results Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	E 12. Name		W.N. William J XXVI	Kar		0,1101			
Address 7431 Tioga St., Pittsburg, Pa. Antopsy result. Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Mers did injury occur? Cemetery or crematory. Arlington National Cemetery. Location Arlington, Virginia Injured at home, farm, industry, public place (where?) Means of injury Injured at work? Means of injury Injured at work?	13. Birthpla	ace		ry'y	1		(Include pregnancy within	3 months of death)	
Address 7431 Tioga St., Pittsburg, Pa. Antopsy result. Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Mers did injury occur? Cemetery or crematory. Arlington National Cemetery. Location Arlington, Virginia Injured at home, farm, industry, public place (where?) Means of injury Injured at work? Means of injury Injured at work?	14. Maiden	name	PATTERSO		rie	Maine Statio	on of operations		
Address 7431 Tioga St., Pittsburg, Pa. Antopsy result. Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Mers did injury occur? Cemetery or crematory. Arlington National Cemetery. Location Arlington, Virginia Injured at home, farm, industry, public place (where?) Means of injury Injured at work? Means of injury Injured at work?	E 15 Rirthals	200	Ir	eland					
Address 7431 Tioga St., Pittsburg, Pa. 17.		hrot	han. Mn	Anthon	Намочан				
Address 7431 110ga St., Fittsburg, Pa. 17. birial (Burial, cremstion, or removal, Which?) Cemetery or crematory. Arlington National Cemetery. Location Arlington, Virginia 18. Funeral director. W. W. Chambers Co. C. P. Address 1400 Chapin St. NW. Washington, D.C.						PHYSICIAN	ents	which death should be charg	red statistically
Date thereof 11-9-18 Country Date thereof 11-9-18 Country Coun									
Cemetery or crematory. Arlington National Cemetery. Location Arlington, Virginia 18. Funeral director. W. W. Chambers Co. C. P. Address 1400 Chapin St. NW. Washington, D.C. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	hi hi	nmi al		Nate ther	201 11-9-118	22. VIOLE			
Location Arlington, Virginia Injured at home, farm, Industry, public place (where?) 18. Funeral director. W. W. Chambers Co. C. Address 1400 Chapin St. NW. Washington, D.C.						Accident, su			
18. Funeral director. W. W. Chambers Co. O. P. Address 1400 Chapin St. NW. Washington, D.C. Means of Injury Injured at work?	Cemetery or	cemetery or crematory Arlington National Cemetery				Where did 1	ijury occur?(City or town	n) (County)	(State)
18. Funeral director. W. W. Chambers Co. C. P. Means of Injury In	Location	Arli	ngton, Vi	rginia		Injured at h	ome, farm, Industry, public place	(where?)	
Address 1400 Chapin St., NW. Washington, D.C.							ury	Injured at work?	
The state of the s							D-KC	COOPER IN MI	HEN
man C. atterson 23. SIGNATURE M. D. or other	Huuros ale			man	C. atterson	23. SIGNAT		M.	D. or other
19. 4-7- 19. 148 Mary C. Patterson USNH Bethesda, Md. M. D. or other Registrar Address. Bate signed 4-7-	19	d by recie	19 48	Marre	C. Patterson	trar Address	USNH Bethes	da. Md.	11-7-



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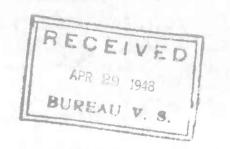
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CEPTIFICATE OF DEATH

red		CERTIFICAT	LE OF DEATH	Reg. Dist. No.
bly.	1. PLACE OF DEATH:	gomery	2. USUAL RESIDENCE (HOME) O (For newborn infagts give residence of	
d legi		town is the write of the and give nearest town)	State MANG LAND C. COU	nty MONIGOMERY
refully ly and	How long in above place of death? Hospital, Institution, of street address	where death occurred:	iff outside tity or town limits	Citic RURAL and give nearest town)
on ca	How long In hospital or Institution?		(If rural, give NO	LOCATION)
atic th	3. (a) FULL NAME	30 4000 -		3. (b) Social Security Number
nformati of death	Howa 4. Sen 5. Color or ra	and M. Hatha	way	076-10-8930
n of ir	male wh	ite married	20. DATE OF DEATH. A PAIN	24 1948 1743
r iter	6.(b) Name of husband or wife	nildred	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from
th				40, 10 Ceftel 74 18 48
rite	7. Birth date of deceased (mo., day, yr.)	1-17,1902-		grif J48
Supply sase w	8. AGE: Years Months	Days If less than one day	Immediate cause of death Linon	bozio 2 dans
Sur	45 3	6 7hrsmin.	and the same and t	- May a
VK.	9. Birthplace Barring	ton Township, nil.	Due to Pruron alla	
G II	10. Usual occupation Manage			
Z'7	tt. Industry or business WCI		Due to	
ADI		to Hatraway	Sell -	
F4 .	13. Birthpiace CO F V		Dther conditions	
ortant.	# 14. Maiden name M. A.		(Include pregnancy within 3 r	
du MD	15. Birthplace Barri	naton 71,40	Major indings ut uperatious.	
, Y			Autopsy results	
PLAINLY s especiall			PHYSICIAN: Please underline the cause to wh	
pec	Address Sain		22. VIOLENCE: tf death was due to external cau	ses, fill in the following;
es	Burial (Burial, cremation, or removal. V	Date thereof April 28,1948 (month) (day) (year)	Accident, suicide, or homicide	Date of
면 Si		eview Cemetery	Where did Injury occur?(City or town)	(County) (State)
RIT	Location Penn Yan,	New York	Injured at home, farm, Industry, public place (we	
	18. Funeral director LUTTE) 1 1 0 0 1	Meane of injury	tnjured at work?
SE		a. Marvland	7/2010	e inne
LEA LEA	Address Bethesda	40 / 1	23. SIGNATURE	M. D. or other
4	(Date rec'd by regit ar)	Registre	Address Kochwille	, Zud. Date signed 4/24/48.



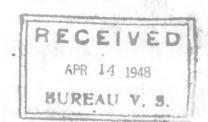
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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Churlea St., Baltimore 46

	CERTIFICA	IE OF DEATH	Reg. Dist. No. 210
1. PLACE OF DEATH: Montgomery		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	(mother)
City or town Bethesda (If outside city or town limits How long in above place of death?	(rural) write RURAL and give nearest town) months, 5 days	State	ton ts, write RURAL and give nearest town)
Hospital, Institution, or street address where deat US Naval Hospital.B	ethesda. Ma.	Street No. 3127 13th St.,	re LOCATION)
How long in hospital or institution?	2 morrars, 2 days	2.(a) If veteran, name war. WWI]	
3. (a) FULL NAME HELV	ESTINE, Roy Theodore		3. (b) Social Security Number
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION
male W-US	married	20. DATE DF DEATH 8 Apri	1 48 at 11:15P a
7. Birth date of	Helvestine 6.(c) If allve, give age years 21, 1898	21. I CERTIFY that death occurred on the date a 3. November	bove stated; that l'atfended deceased from 17
deceased (mo., day, yr.) 8. AGE: Years Months	Days If less than one day	Immediate cause of death	DURATION
49 11	17min.	1 HOMOTT WITE	introternal) days.
9. Birthplace		Due to.	Ealler. Bontho
12. Name HELVESTINE, W	illiam T. a.	Other conditions	
置 14. Maiden name Florence	?	(Include pregnancy within 8	
		-	Date of op
16. Informant wife: Mrs.Ella Address 3427 13th St.,	Helvestine N. W., Wash., D.C.	Autopsy results. AS Above PHYSICIAN: Please underline the cause tu	which death should be charged statistically.
17. burial (Burial, cremation, or removal, Which?)	Date fhereof. 4-12-48 (month) (day) (year)	22. VIOLENCE: If death was due fo external control of the control	Date of
Cemetery or crematory	ton D C	(City or town) Injured at home, farm, Industry, public place (
COOR HOLL III.	ton, D. C.		Jajured at work?
18. Funeral director S. H. HIN	_	Ham	withing -
Address 2901 14th St., N	.W., Wash., D.C.	- J. A. MI	JRPHY, Cdr. MC USN
19. 1-9- 1948 M	aun (. Patterson Registrar	Address USNH Bethesda,!	M. D. or other Md. Date signed 4-9-48



THE PERSON NAMED IN STREET

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

or age

WTTH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE PLAINLY, 1 is especially

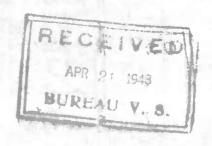
PEEASE

A15 NS

MARGIN RESERVED FOR BINDING

Reg. Dist. No. 714

1. PLACE OF DEATH: County Montgomery Silver Spring				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stafe Maryland County Montgomery City or town. Silver Spring (If outside city or town limits, write RURAL and give nearest town) 745 Thayer Ave.		
How long in hospital or	Institution?	***************************************	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	y Number
		Doroth	y Kramer Hend	erson		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
Female	White	Ma	rried	20. DATE OF DEATH / 6 Ages.	1948	/ 1="P
			Henderson	21. I CERTIFY that death occurred on the date a		ceased from
7 Right date of		6. (c) If alive, give ageye	ars and fhaf I tast saw h		1948
deceased (mo., day, yr	o sel	16.0,	1933	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	4		
48	7	13	hrsm	in. Hodgkus Osses	re	8-944
9. Birthplace	9. Birthplace Washington, D. C. (Town, county, and state)			Que to		
10. Usual occupation	Housew	ife			***************************************	
11. Industry or business				Due to	***************	
	John C.	Kramer		Other conditions		
inhii inhii	Maryland	**)	***************************************			***
	Ida Ma	ria Du	ley	(Include pregnancy within a		
15. Birthplace	Washin	gton,	D.C.	Misjor Radings of operations.		
MI MI	. Walte	r A. H	enderson	Autopsy results.		
7.4	5 Thave	TO LIVE	Silver Sprin	PHYSICIAN: Please underline the cause to	which desth should be charge	d statistics lty.
-	_			22. VIOLENCE: If death was due to external c	causes, fill In the following;	
17Buria (Burial, cremation,	or removal. Which	Date there	of April 19, 4 (month) (day) (year)	Accident, suicide, or homicide	Date of	
			n	Where did Injury occur?(City or town	(County)	(State)
Location	Blade	nsburg	. Md.	Injured at home, farm, Industry, public place		
fB. Funeral director		7	mohrey.	Means of Injury	tnjured at work?	
				M 17 -	A	
Address 8434	Ga. Av	e., S1	lver Spring,	23. SIGNATURE	ullu	
19. (Date rec'd by ree	8 4 S	Joseph	huma Schaeff	ar Address Taltower Party 1	M. D M. D Oato signed	or other 1841-1941
1 (,	1/				



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04013

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Lontsomery	(For newborn infants give residence of mother)		
City or town Silver Spring (If ontside city or town limits, write RURAL and give nearest town)	State Maryland County Montgomery		
How long in above place of death?	City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
10,101 Pierce Drive.	Street No. 10, 101 Pierce pr.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Hans St. L. Hr	edemann 3. (b) Social Security Number		
4. Sex 5. Cplor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
mall WF Te widowed	0/01/28 118 5		
	20. DATE DF DEATH SQ. N		
8.(6) Name of husband or wite <u>Natailae</u>	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	apr 13 1948 to apr 27 1948		
7. Birth date of	and that I last saw harm allye on apr 27 1948		
deceased (mo., day, yr.) August 24, 1002	Immediate cause of death DURATION		
8. AGE: Years Mooths Days If less than one day	Cooling themorely as the the		
85 85 4hrs.	n.		
Cologne Germany	- January Contract of the Cont		
9. Birthplace Cologne, Germany (Town, county, and state)	Due to Typer Course		
10. Usual occupation Retired			
TU, Usual occupation	Due to		
11, Industry or business			
12. Name. Jean Hiedemann	Dther conditions		
13. Birthplace Germany			
	(Include pregnancy within 3 months of death)		
14. Malden name. Gertrud Hasselsweiler	Major findings of operations		
14. Malden name. Gertrud Hasselsweiler 15. Birthplace Germany			
18. Informant Egon Hiedemann	Date of op.		
	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address 10,101 Pierce Dr. Silver Spri	.1 5		
17. Burial Date thereof May 1, 1948 (Burial, cremation, or removal, Which?)	22. VIOLENCE: 11 death was due to external causes, fill to the following:		
Cemetery or crematory rashington Memorial Park	Where did injury occur?		
Location Riggs Rd. Prince George Co.			
	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Warner C. Pumphaly Lank	Meens of injury Injured at work?		
Address 8434 Ga. Ave., Silven Spring, M	id. John M. aughews had		
Eps. 56 1100 000 750 000	23. SIGNATURE M. D. or other		
19 Clar & G 19 48 Jackhurly School	1 Storage Silver She was hid Bata storage 4-18-48		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

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2 HOURS DECEMBERCE (LLOBATE) OF DECEMBED.

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rrr age

1. PLACE OF DEATH

How long in above piace of death?.

How long in hospitat or institution?...

3. (a) FULL NAME

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Hospital, institution, or street address where death occurred:

information can of death clearl ADING INK. Supply every item of Physicians: please write the causes PLAIN

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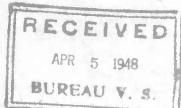
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11. Industry or business	-		
The state of the s	muel }	. Jowe	74.
	unitgoriu	my co,	919.
H 14. Maiden name.	Anhie &	Hargares	Bollon
15. Birthplace	Houlgome	ny Co,	Md.
16. Informant Ca	therine.	Mary A	till
Address 90	artherebu	og Mid-	Route 3
17. Fr.	1 Burns	Date thereof	4/3/48 (month) (day) (year)
(Burial, cremation, o	2	L Bah	Curely
Qa.	Here	house	Derala
Location		0-10	and the state of t
1B. Funeral director		Jack	un 5
Address 92	eller	steen	4 mol
19 Aris	2 19 4 8	alrude	J J Sunke Registrar

If less than one day

(For newhorn infants give residence of	marta	114
Translah	its, write RURAL and give	nearest town)
Street No. Simal	ve LOCATION)	
2.(a) If veteran, name war.		
	3. (b) Social Secur	ity Number
MEDICAL 9	ERTIFICATION	8al F. A.
21. I CERTIFY that death occurred on the date a	above stated; that I attended	deceased from
and that I last saw h Lacalive on	Barch-	31- 1948
Cerebral humonh	age	12 hors
Cerefial himonic	unin	2/2 /2
Due to		
Other conditions		
(Include pregnancy within	3 months of death)	
Major fiedings of operations		
Autopsy resolts	***************************************	
22. VIOLENCE: If death was due to external of		
Accident, sulcide, or homicide	Date of	
Where did Injury occur?(City or town) (County)	(State)
Injured at home, farm, Industry, public place	(where?)	
Means of Injury	tnjured at work?	
23. SIGNATURA Kalliain	9. Miller	M.O.

aaithersburg.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	CERTIFICATE	JI DEATH	Reg. Dist. No.	
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL at How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	State City Stree	8. A. a. 01	s, write RURAF and give nearest tov	
3. (a) FULL NAME James n	1. Halla	ing	3. (b) Social Security Numbe	ir .
Male Colored Mars	20.0	MEDICAL CI		
6,(b) Name of husband or wife	give age years and f	hat Vast saw halive on	case	
8. AGL.	hrsmin.	Coronary our	lusion de	Lehely
10. Usual occupation. All Miles I	Due f	0		
12. Name Vernan Archiver 13. Birthplace M. X.		conditions	months of death)	
14. Maiden name Halle Mar		r findings of operations		
Address Sulthuslung n	PHY	pay results	bich death should be charged statistic	alty,
17. (Hurial, cremation, or removal, Which?) Cemetery or crematory.	(month) (day) (year) Accie	tent, suicide, or homicide	Date of	
Location E my James 18. Funeral director. B. J.	1 mil Injur	ed at home, farm, Industry, public place (w ns of injury		
Address Ack wille Office ree'd by registrar)	J. Looke	SIGNATURE DIP ME	M. D. or other	



MERY UNFADING INK. Supply every item of information carefully. The mportant. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

WRITE PLAINL is especia

LEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

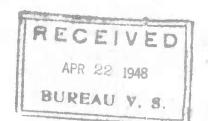
2411 N. Charles St., Baltimore

04016

md Date signed 3 -19-48

CERTIFICATE OF DEATH

1. PLACE OF DEA	tgomery			2. USUAL RESIDENCE (FIOME) (For newborn infants give reaidence of	f mother)	
City or town Silver Spring, Md. (If outside city or town limits, write RURAL and give nearest town)		State Maryland Co City or town Silver Sprit (If outside city or town limit				
How long in above place Hospital, Institution, or	of death?street address where Georgia	death occurred	l:	Street No. 731 Sligo AV	re.	eareat town)
How long in hospital or				(If rural, giv 2.(a) if veleran, name war	e LOCATION)	
3. (a) FULL NAME					3. (b) Social Security	
			OOD		214-03-8	185
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced			ERTIFICATION			
Male	White	16	arried	20. DATE OF DEATH April	19 19 19 19 14	at .3 . 30 F.
6.(b) Name of husband			. Hood	21. I CERTIFY that death occurred on the dale at		
7. Birth date of		6.(c) If alive, give ageyears	and that I last saw halive on	· case	19
deceased (mo., day, y) Abrii	10,	1 903	Immediate cause of death		DURATION
8. AGE: Years	Months	Days				
45			hrsmin.	Cornary orch		
9. Birthplace	aryland (Town, Auto Ma	county, and chani	state)	Oue to		
10. Usual occupation	Own	Ruein	000	Due to		
		gene	Hood	Dther conditions		
-			ford	(Include pregnancy within 3	months of death)	
14. Maiden name 15. Birthplace	Marylan		4.9.4.9	Major findings of operations		
	s Myrtle	V. Н	ood	Autopsy results.		
10. 11101111111111111111111111111111111			S.S. Md.	PHYSICIAN: Please underline the cause to v	which death should be charged	statistically.
Burial (Burial, cremation,			eof April 22- 48 (month) (duy) (year)	22. VIOLENCE: If death was due to external ca		
				Where did injury occur?(City or town)	(County)	(State)
			Maryland.	Injured at home, farm, Industry, public place (
18. Funeral director Warmer E. Rumphrey				Masns of Injury	Injured at work?	
				2.10	Benet 4	m. i
Address 0434	Ga. AVE	. 511	wer Opring, Ma	23. SIGNATURE	Sexual M. D.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
19. Oksil	19 4 8	Joseph	churry Schaff	address Saithers have	m.d. Date signed	



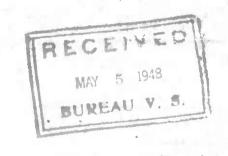
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04017

			CERTIFICAT	TE OF DEATH Reg. Dist. No. 21	.6
1. PLACE OF DEATH: County Bethesda (rural) City or fewa (If outside city or town limits, write RURAL and give nearest town) Hew long in above place of death? 9 days Nespitsi, institution, or street address where death occurred: U. S. NAVAL HOSPITAL, Bethesda, Md. New teng in hospital or institution? 9 days			hesda, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	est town)
3. (a) FULL NAME			, Charles Edward	3. (b) Social Security N	umber
4, 311	5. Caler er racs	8.(a)Single	, married, widowed, er divorced	MEDICAL CERTIFICATION	
Male	Col		divorced	20, DATE OF DEATH	at 3. P
8.(b) Name of husband or wife Nellie Hopkins 8.(c) If alive, give age years 7. Birth date of July 26, 1899) If slive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended decease 19 April 18 18 16 28 April 20 that I lest saw h im slive en 28 April	ed from -11_19_U8	
8. AGE: Years	Months	Days 2	If less than ens day	Immediate cause of death Shock due to anaesthetic	DURATION
9. Birthplace Penna (Town, county, and state) 10. Usual occupation Carpenter 11. Industry or business 12. Name HOPKINS, Charles E. Sr.			MASTOIDITIS, Chronic, left and right ears MAKEX Paralysis, right side of face Other cenditions		
14. Maiden neme FRY, Ada, Pa. 15. Birthelecs			(Include pregnancy within 3 months of death) Major findings of operations		
16. Infermant mother: Mrs. Ada L. Hopkins Address 347 Lafayett Avenue, Brooklyn, N.Y. burial (Burial, cremation, or removal, Which?) Camatery er crematory Arlington National		Brooklyn, N.Y. S-3.Y& (month) (day) (year)	Antopsy results		
Lecellen Arlington, Virginia 18. Funeral directer Melvin & Schey A A Address 424 R St., N. W., Washington, D. C. N=29 48 Mary C. Patterson			Washington, D. C.	Injured at hems, farm, industry, public place (where?) Mesans of injury Injured at werk? 23. SIGNATURE	USN



1-4-4:

HAV KNOWN I HAVE BOX

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

13/1

CERTIFICATE OF DEATH

(14018 ex. Diat. No. 2/3

I. PLACOF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents giveresidence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Mary L. Howard	NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale Colored Married	20, DATE DF DEATH April 9, 48 1:15 P.
6.(b) Name of husband or wife Frederick Howard 5.(c) If allive, give age years 7. Birth date of deceased (mo., day, yr.) February 28, 1876	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from April 1947 19 10 April 9 19 48 and that I last saw h. Cr. alive on April 9 148 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Chronic myocarditis Chronic nephritis
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation. House Nite	Due to.
11. Industry or business 12. Name Utra	Bther conditions. Ehronic choleosistitis
13. Birthplace Plante Co. Va.	(Include pregnancy within 5 months of deeth) Major findings of operations.
15. Birthplace Elmone Co: Ya	Date of op.
16. Informant Trederick Howard	Autopsy results
Address Rocksille, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal, Which?) Cemetery or generatory, MinColn Park	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Rockville, Mo.	Injured at home, farm, Industry, public place (where?)
18. Funeral director TOO CYT LI, SNOWDEN Address Rockille, Md.	Och Hawker and
19.4 13 19.48 Spleoupson	23. SIGNATURE M. D. or other M. D. or other Matter 4/12/1/5



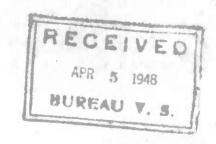
CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Mrs Florence Marie Howa	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
9. Birthplace	Due to Clessorie sontes and actic valentas disease 16 yrs Due To Relevante from 18 yrs Other conditions
13. Birthplace Germany 14. Maiden name Manhanson 15. Birthplace Va,	(Include pregnancy within 3 months of death) Major findiogs of operations. Date of op.
16. Informant Hosp Kecords. Address Dashing for San & Hosp. 17. Bellish Date thereot. 17. 3-194	Actopsy results. According to the caose to which death shootd be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
Date thereof (Burial, cremation, or removal, Which?) Cemetery or crematory Location Date thereof (Jonnah) (day, (year)) Cemetery or crematory Location	Accident, suicide, or homicide
18. Funeral director IN Up Chambers Co. Address 1400 Conspin Station Willed William A State Address 1400 Conspin Station A State Manual Constitution of the Constitu	23. SIGNATURE Soldie La M. D. 20th fr
(Date rec'd by registrar) Registrar	Address as Woodling ov. Bate signed

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. 'Nee is especially important. Physicians: please write the causes of death clearly and legibles. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Mont qomery City or town Cit outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Washington Sanitarium and Rosp. How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Unnamed Baby Bay Jacquot	
4. Sex 5. Color or race B.(4) Single, marrie, widowed, or diversed Male wh: te	MEDICAL CERTIFICATION 20. DATE OF DEATH. A B 33 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 - 19 4 8 to 4 - 19 4 8
8. AGE: Years Months Days If less than one day S. Birthplace Tako wa Park Md.	Immediate cause of death Orienzaltaniste DURATION 6 mas geslatures Due to Circum vallata placenta
1D. Usual occupation	Due to
12. Name V: etor John Jacoust 13. Birthplace Leavenworth, Kenses	Other conditions
14. Maiden name Ruth Virginia Dingman 15. Birthplace Berwyn, Md Proposition of the state of th	Major findings of operations. Date of op.
Address Park Mark Mark Mark Mark Mark Mark Mark M	Actopsy results. PHYSICIAN: Please coderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
cometery or crematory Washington Sanitarium Hosp Location Takacua Park Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director. L. have permission. Trong Address parlints. Washington Santarium of Hora 19. (Date rec'd by registrar) 19. (Date rec'd by registrar) 19. (Registrar)	23. SIGNATURE Enura Hughes, M.D. or other
(Date rec'd by registrar) (Lucy of Registrar	Address

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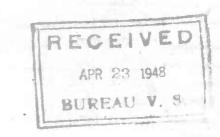
APR 13 1948

BUREAU V S.

Registrar

M. D. or other

USNH Bethesda, Md. Oate signed 4-21-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEA	D/I C	ntgome	rv	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the control o	DECEASED:	
County	Ber	nesda	(rural)	State D.C. Cou	ntv	
City or town(If out	alde city or town i	mits, write R	URAL and give nearest town)	Washington		
How long in above place of Mosnifel, lestifution, or a	f death?		8 days	Cily or town(If outside city or town limits	, write RURAL and give nea	rest town)
How long in above place o	treet address where	deeth occurred	*	Street No. 5327 Belt Road		
Hospital, lestifution, or s	LHOSPIT	AL, Be	thesda, Md.	Street No. (If rurai, give	LOCATION	
	, , , , , , , , , , , , , , , , , , , ,	۹	darre	WWT	Booming	
How long in hospital or i	aetilution?		uays	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
Sol La La		K	ASDON, Sol Louis			
	S. Caler er race		, married, widowed, or divorced	II MEDICAL CI	ERTIFICATION	
male	Jewish		married	20. DATE OF DEATH 4 April	19 48	7:15
	0	1 75	1	21. I CERTIFY that death occurred on the date abo		
8.(b) Name of husband o	wifeS.	arah Ka	asdon	21. I CERTIFY that death occurred on the date and	Pe stated; that I attended deces	aseu from
			e) If alive, give ageyears	26 March	10, fo A ADELL	1941
7. Birth defe of				and that I last saw h	1 April	19
decessed (mo., day. yr.) UCT	oper L	3, 1888	Immediata cause of death		GURATION
8. AGE: Years	Menths	Deys	If less than one day	Carcinoma of sigmoi	d with	mos.
59	5	21		metastasis	In The second of the Control of the	
'27		Gas ada		ING OUR CASTR	***************************************	
B. Birthplace Ru	SSI2		utate)	Due 10		***************************************
	(Town,	eounty, and	itate)		***************************************	
10. Usual occupation	Stock	Salesma	<u> </u>	Due to		
	Herri	ck Wade	dell Co.	Due 10		1
11. Industry or business						
12. NameKAS	DON., Loui	ā	dec.	Other conditions	***************************************	
₹ 13. Birthplace	in algran		Russia Russia	(Include pregnancy within 3 r		
K	COLDEN.	Rose	dec.	The state of the s		
王 14. Malden neme				Major findings of operations		
14. Maiden nems	R	ussia			Date of op	
	. Mrs S	arah K	edeon	Autopay results confirmed ab	OVS	
16. Informant wife: Mrs. Sarah Kadson				PHYSICIAN: Please underline the cause to wi	hich death should be charged	statistically.
Address 5327	Belt Roa	d, Wasl	nington, D. C.			
hamia	1		1,-6-1,8	22. VIOLENCE: If death was due to external cau		
(Buris) cremation	or removal. Which?	Date ther	eof 11-6-18 (month) (day) (year)	Accident, suicide, or homicide	Dale of	
Cemetery or cremator	Arli	ngton I	Mational	Where did injury occur?(City or town)		(Ct-ta)
Cemetery or crematory	1					
Location Ar	lington,	Virgin:	1 a	tnjured at home, farm, industry, public place (w		
		12		Meens of Injury	Injured at work?	
18. Funeral director		***************		Mmu	shey!	
Address 3510	lith St.	NW. Wa	shington, D.C.	J. A. MURA	HY, Cdr. MC US	N
		->	1 12 41	23. SIGNATURE	M. D.	or other
19.	- 19/18	Mary	C. Patterson Registrat	Address USNH Bethesda, M	d. Bets street	4-3-48
(Date ree'd by reg	iatrar)		Registrat	Address	uate signed.	

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APR 6 1948
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

			CERTIFICAT	TE OF DEATH	Reg. Dist. No	M. 100
1. PLACE OF DEATH: County	Bethes y or town limit 5 da dress where dea	e, write R RYS th occurred Both	ural) URAL and give nearest town)	Streef No. 3417 Sherman	D. C. ts, write RURAL and give nea	rest town)
3. (a) FULL NAME		KE	YS, Samuel Andrew		3. (b) Social Security	Number
	L-US		married, widowed, or divorced	MEDICAL C	ERTIFICATION	2:30 P
7. Birth date of deceased (mo., day, yr.)	Febr		e) If alive, give ageyears 25, 1877	and that I last saw h alive on	148 10 14 April	12 19 48 19 48
8. AGE: Years Mo 71 9. Birthplace Washin	ton. D	Days 19	It less than one day	Rupture, nontrauma Due to Thrombosis co	***************************************	m 8 days
10. Usual occupation	John Va.			Due fo	months of death)	1 wk
16. Informant wife: Mrs. Address 3417 Shet 17. burial (Burtal, cremation, or remo Cemetery or crematory	man Avenue Arling ton, VacGuire I	Date them ton N a. Funer .W.,W	N.W., Wash., D.C.	Autapsy results	which death should be charged auses, fill in the following; Bate of (County) where?) Injured at work? R, Lt a MC USN	(State)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(14024 Reg. Dist. No. 217

1. PLACE OF DEATH: MONTGOMERY City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many Land County Mon Igameny		
How long in above place of death? 29 days	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: MONTGOMERY COUNTY GENERA HOSPITAL	Street Mo.		
	(If rural, give LOCATION) 2.(a) It veteran, name war.		
How long In hospital or institution? 2.9 day ?			
3. (a) FULL NAME	3. (b) Social Security Number		
CHRISTOPHER ITISA	IER		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White widowed	20. DATE DE DEATH Abril 29 19.48 21 9 05		
1. 0.00	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
O(O) Name of mounts of mounts	March 31 1948 10 April 29 1948		
7. Birth date of	and that I last saw h IM alive on April 29 19.48		
deceased (mo., day, yr.)	Immediate_cause of death		
8. AGE: Years Months Days If less than one day	Cellulities with Trophic ULCCOS		
9 7hrsmin.	RT les 5 well		
9. Birlhplace	Due to Generaly of arterisclembis ? years.		
10. Usual occupation. Keturia	Due fo.		
11. Industry or business	08:07:11-5:2		
12. Name Unlendur	Other conditions anderisaclesotic Heart Disease ? you		
14. Malden name Unknown 15. Birthplace Unknown	(Include pregnancy within 8 months of death) Major findings of operations		
2 15. Birthplace Unknown	Date of op.		
16. Informant Hospital records	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.		
17. Layfull Church Cembre to May 2 1948 (Burlat Framenton, or compant. WIICh?) (mogsh) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
(Buria, from tion, or removal, Which?) (month) (day) (year)			
Cemetery or crematory Lay half Church Climetary	Where did Injury occur?		
Location Mary land	Injured at home, farm, Industry, public place (where?)		
18. Funeral director worm Reuben Pumphrey	Means of Injury Injured at work?		
Address Bethesda, Maryland	Jm3:1		
100	23. SIGNATURE M. D. or other		
(Ofte rec'd by registrar)	Address Sandy Spring, md Date signed 4/30/48		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

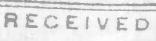
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county M of forely	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County
How long in abore place of death?	City or town
Hospital, Institution, or sireet address where death occurred:	Street No. 1239 Gue D HOPE RD. S.E.
Washington Soutosein & Naspi	(If rural, give LOCATION)
How long in hospital or institution? I days	2.(a) If veleran, oame war
3. (a) FULL NAME	3. (b) Social Security Number
FRANK KL	AWANS
4. Ses 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Table white welower	20. DATE DE DEATH. apr 16 1948 at 1:30 p.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tailended deceased from
.6.(c) If alive, give age	lug 12 1947 to War 16 1948
7. Birth date of	and that I last saw h.s. acalive on
deceased (mo., day, yr.) Lesy 15, 1871	Immediate cange of death
8. AGE: Years Mooths Days If less than one day	Clarke Cardias Farline
76 11 1ml	
9. Buthplace A think to the County, spil atate)	que la Varitoritio e l'oxema
10. Usual occupation Retletes	Buoto Alute appendicules
11. Indostry or business	
# 12. Name Sagnuel Tlawans	Diher conditions
12. Name Sagrice Telasonia	Uner conditions
	(Include pregnancy within 8 months of death)
E 14. Malden named last on sandy last many	Major findings of operation about afful alos c
14. Malden name Lak or Sarah Clart name	Dale of op 4-11-48
16. Informant Wooderington Southering Record	
Address La la ortera Posto Vel	PHYStCIAN: Please underline the cause to which death should be charged statistically.
P. 1 10 10 15 19.1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Dale thereof (honth) (day) (year)	Accident, suicide, or homicide
Cemelery or orematory Ohew Sholom Com.	Where did injury occur?
Location Washington DC-	Injured at home, farm, industry, public place (where?)
18. Funeral director B. Alamanahan Y Son	Means of Injury Injured at work?
Address 3501-14/26 St. 10/11/11/11/11	Nexu X Harding mas
6. P. 16 Hellon DAN	23. SIGNATURE/ M. D. or other
19	113 Carroll St NOV 14-16-48

wash oc

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legiply. MARGIN RESERVED FOR BINDING

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APR 21 1948

BUREAU V. S.

WING UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Bethesda (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Montgomery		
How long in above place of death? 46 years Hospital, institution, or street addrees where death occurred: Suburban Hospital How long in hospital or institution? 5 days	(If outside city or town limits, write RURAL and give nearest town) Street No. 19 W. Washington, St., (If rural, give LOCATION)		
3. (a) FULL NAME	2.(a) It veteran, name war		
Benjamin W. Kumler	220-12-3559		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH. April 6, 19 48, 21 3:22P		
8.(b) Name of husband or wife. Eva C. Kumler 6.(c) It alive, give age. 75 years 7. Sirth date of deceased (mo., day, yr.) January 14, 1866	21. 1 CERTIFY that death occurred on the date above etated; that I attended deceased from		
8. AGE: Yeare Months Days If less than one day	Bronche streumania I her		
82 82 2 22hrsmin.			
9. Birthplace Walbash, Indiana (Town, county, and state) 10. Usual occupation Secretary Montg. Mutual	Due to		
11. Industry or businese None	000 U.		
12 Name Franklin W. Kumler 13 Birthplace Dayton, Ohio 14 Malden name Mary E. Flickinger 15 Birthplace Millville, Ohio 15 Islaman Melvin C. Kumler	Other conditions (Include pregnancy within 8 months of death) Major findings of operations. Date of op.		
10. HIUI HIGHL. B. A. W. W. L. A. W. W. L. A. W. W. W. L. W.	Autopsy results		
Address Kensington, Maryland 17 Removal (Burial, cremation, or removal, Whieh?) Cemetery or crematory Bethesda Funeral Home	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, eulcide, or homicide		
Location Bethesda, Maryland 18. Funeral director, Wm - Lauden Sumbling	Injured at home, tarm, Industry, public place (where?) Meene of injury tnjured at work?		
Address Bethesda, Maryland 19. (Date ree'd by registrar) Registrar	23. SIGNATURE Marin Bautoles M. D. or other Address Dilaco Date signed 4/6/48		

APR 13 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

186a

216 Reg. Diat. No.....

		CLINITICAL	IL OI BLAIT	Reg. Di
1. PLACE OF DE		Ome	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	F DECEASED:
(14	Betnes	Omery. la (rural) mits, writh RURAL and give nearest town) 6 days	State Virginia Cour City or town Falls (If outside city or town limits	Chamak
Hospital Sinstitution of	AL HOSPIT.	death occurred: AL, Bethesda, Md. 6 days	Street No. Box 1 (If rural, give Sp.Ama &	045 LOCATION)
3. (a) FULL NAM	E	LANE, Rufus Herman,	Brig.General USMC Ret.	3. (b) Socia
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICA
male	W-us	married	20. DATE OF DEATH 20 Apr	il
		trude M. Lane	21. I CERTIFY that death occurred on the date abo	ve stated; that I
7. Birth date of deceased (mo., day,	Ontohe	er 31, 1870	and that I last saw h. 1. 1. 2 live on	20 Ap
8. AGE: Year		Days If less than one day	Pneumonia, Broncho	
9. Birthpiace	Ohio (Town,	county, and state)	Due to	••••
10. Usual occupation	Y	ed Marine Corps	Due to	1444144444
		Richard dec		
-	WARFIELD	Mary dec.	(Include pregnancy within 3 r	
16. Informant Wi	fe: Mrs. G	ertrude M. Lane 5 Church, Virginia	Antopsy results	above
17. buria (Burial, crematio	n, or removal. Which?	Date thereof. 4-23-48 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide.	mis at h
Cemetery or crema	Arlin	ington National gton, Virginia	Where did Injury occur?	
1B. Funeral director.	Joseph G	AWLER Sons J. Urlen	Means of Injury	
	6 Pennsylva L ,,48	Mary Patterson	23. SIGNATURE	
19.	ecietres)	Registrar	USNH Bethesda, Md.	

Box 1045 (If rural, give LOCATION) 2.(a) If veteran, name war Sp. Ama & WWI Cig. General USMC Ret. 3.(b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH 20 April 19 48 a19:36 P. II 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 April 19 48 to 20 April 19 48 and that I last saw h. im. alive on 20 April 19 48 Immediate cause of death DURATION Procumonia, Broncho Due to. Other conditions Fracture Simple, c1 & c2 (Include pregnancy within 3 months of death) Major findings of aperations.
MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1 April 19 1/8 to 20 April 19 1/8 and that I last saw h im alive on 20 April 19 1/8 Immediate cause of death Principle of the conditions of death processing the conditions of d
MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1 April 19 1/8 to 20 April 19 1/8 and that I last saw h im alive on 20 April 19 1/8 Immediate cause of death Principle of the conditions of death processing the conditions of d
20. DATE OF DEATH 20 April 1948 a19:36 P a 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11: April 1948 to 20 April 1948 and that I last saw h. im. alive on 20 April 1948 Immediate cause of death 0URATION Procumonia, Broncho Due to 0 Other conditions Fracture Simple, c1 & c2 (Include pregnancy within 3 months of death)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11. April 19.18 to 20 April 19.18 and that I last saw h im alive on 20 April 19.18 Immediate cause of death DURATION Procumonia, Broncho Due to Oue to Other conditions Fracture Simple, c1 & c2 (Include pregnancy within 3 months of death)
Ili April 19 48 to 20 April 19 48 and that I last saw h im alive on 20 April 19 48 Immediate cause of death 0URATION Procumonia, Broncho Due to. Other conditions Fracture Simple, c1 & c2 (Include pregnancy within 3 months of death)
Due to
Pneumonia, Broncho Due to Die to Die to Other conditions Fracture Simple, c1 & c2 (Include pregnancy within 3 months of death)
Oue to
Oue to
Oue to
Other conditions Fracture Simple, c1 & c2
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Antopsy results
22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide all daymataxies at bate of
Where did injury occur?
injured at home, farm, industry, public place (where?)
Means of Injury niurad 2t work?
W. R. Miller, Cdr. MC USN
23. SIGNATURE
USNH Bethesda, Md. Date signed 4-21-48

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APR 23 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

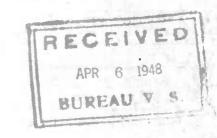
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04028 Rog, Diat, No.

1. PLACE OF DEAT	MIC	ntgomen	cy	2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	F DECEASED:	
How long in above piece of Hospitel, institution, or all U. S. NAVAL	ethesda ide eity or town deelh?	month, death occurred AL, Bet		City or town. Bethesda (If outside city or town limit Street No. 315 East Cedar	unty Montgomery ts, write RURAL and give nearest town) Lane e LOCATION)	,,,,,,,,,,
How long in hospital or in	stitution?2	months	L days	2.(a) It veteren, neme wer		*******
3. (a) FULL NAME	- 5 IT L	LATTA,	Maurice Cooper		3. (b) Social Security Number	
	. Celer er rece W-US	8.(a)Single	widowed, or divorced wildowed	MEDICAL C	ERTIFICATION 19. 48, at	:30A
8,(b) Nems of husband or	******************	••••	B. Cooper) If elive, give egeye. 1869	21. I CERTIFY thet death occurred on the dete eb	ove etaled; thet lattended deceased from	
8. AGE: Yeers	Months 5	Daye 20	It less then one dayhrs	Pulmonary Thrombos		TION.
II E	Execut White	House	este) ork dec.	Due to		
14. Meiden neme	BAIR, Su Pa. Mr. Jame	s B. La	dec atta	Major hudiags of operations.	above	
Burial (Burial, cremation, or Cemetery or crematory Locelion Wash	Rock Cington,	Dete there	Bethesda, Md. li-6-li8 (month) (day) (year)	22. VIOLENCE: It deeth wes due to external ce Accident, suicide, or homicide,	Date of (County) (State)	
Regioes	esda, Md	man	C. Calleson C. Patterson Registr	23. SIGNATURE H. J. COKE	M. D. or other	18



UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

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•	PLAINLY, is especially
9.45.15M	WRITE PLAINI
A VIII	PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

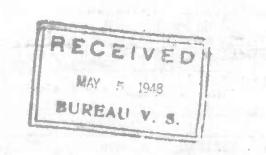
2411 N. Charles St., Baltimore

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	10	0	1	7	

04029

210

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Geunty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) StateWashington, D. Co. County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. 360 N Sto, Sowo (If rural, give LOCATION) WWI 2.(a) If veteran, name war.
3.(a) FULL NAME LEWIS, William	3. (b) Social Security Number
4. Ses S. Ceter er race W-US married, widowed, or divorced married 8.(6) Neme of husband or wife Mrs. Bonnie Lewis	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of decessed (mo., day, yr.) 8. AGE: Yeers Months Daye It tees than one day 514 3 0 hre. min.	29 April 19 48 10 30 April 19 48 and thet I last caw h im alive on 30 April 19 48 Immediate cause of death Coronary Heart Disease, Arterio Sclerotic Indef.
8. Birthplece	Due to
12. Neme. LEWIS, William dec 13. Birthpince Va. 14. Meiden neme. SISSON, Kate ded 15. Birthpince Va.	Other conditions Emphysema, Pulmonary Indef. (the lude pregnancy within 3 months of death) Major findings of aperations. Date of op.
Address 360 N St., S. W., Wash., D.C. 17. burial Date thereof S-3-N/A (Month) (day) (year) Cemetery or cremetory Arlington National Arlington, Va. Locetion W. W. CHAMBERS Address 517 11th St., S.W., Wash., D.C. 19. 4-30 148 Many Catterson Registrar	Antopsy results PHYSICIAN: Please underline the cause in which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

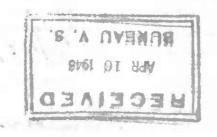
04030

CERTIFICATE OF DEATH

eg. Dist. No. 2/6

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County MY OVIL GOVYEY 4 CO. City or town	13 77 - 16 th St
3. (a) FULL NAME	
Mr Harry G. Linder	3. (b) Social Security Number
4. Sex S. Color of rape O.(4) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
M M	20. DATE DE DEATH. 4-7 19 48 at 5 A
6.(b) Name of bushed or wife LOLLISE Livider Dec., 7. Birth date of deceased (mo., day, yr.) Teb., 15, 1880 8. AGE: Years Months Days if less than one day	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Not 7 7 19 to 7 7 19 19 ars and that I tast saw h LALL alive on 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
68 1 22hrsm	n Pneumonia - lobar - pneumococcal 1 week
9. Birthplace Livi Coly Mebraska (Town, county, and state)	Due to Colorary Certary Parket
	. (5-6-48/ams
10. Usual occupation Clerk Internal R	Venue Due to
11. Industry or business	Due to
12. Name. Henry Hinder 13. Birthplace Brooklyn 1.4. 14. Malden name Chrissie Chrymina 15. Birthplace Tale of Man-England	(Include pregnancy within 3 months of death)
5 15 Dirtholass Tolo of run am - 5 maland	Major findings of operations
	- Date of op.
16. Informant	Autopsy results
Address 17. BURIAL Date thereof (Month) (day) (year)	
Cemetery or crematory FORT LINCOLN CEMETER	Where did Injury occur? (City or town) (County) (State)
Location PRINCE GEORGES CO., MD.	Injured at home, farm, industry, public place (where?)
18 Eugenal director Martin M. Hysong Co.	Means of injury Injured at work?
Address 1300 n St. now Wash & C	2. Maley MD
19. 4 9 19. 48. WE Sola Registr	ar Address Add

Authorization for change on the cause of death received from Dr. Halley who reported that the autopsy disclosed the proper cause of death. 5-6-48. ams



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04031		C.S. JETS	- 11	
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	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgamery	
(If outside city or town limits, write RURAL and give nearest town)	
Now long in above place of death?	(If outside city or town hims, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred	
Suburban Hospital	Street No. C.
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Infant Boy hinkins	J. (c) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white infant	20. DATE OF DEATH A Q V 1 5 7
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	Mar. 3/ 1948, 10 april 319 4
7. Birth date of	and that I last saw h. I.M. alive on apr. 5 184
deceased (mo., day, yr.)	Immediate cause of death ateloclasia DURATION
8. AGE: Years Months Days If less than one day	Preninterita
O O Smin.	
9. Birthplace. B. C. t. h. C. S. d. a. and state M.d.	Due to frewaterety
(20th), comp, para anato,	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Colyde hee hin Kins.	Other conditions
\$ 13. Birthpiace Sheek Africe - Md.	
= 14. Maiden name Many Andene Moveland	(Include pregnancy within 3 months of death)
EM'\D.	Major findings of operations.
≥ 15. Birtholace	Date of op.
16. Informan Lyde Lee Julius	Antopay results
Address 406- Belas D. M. A. Do	PHYSICIAN: Please underline the cause to which death should be charged statistically.
20:01	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burtal, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
cemetery or figuratory Children territoria washingt	(City or town) (County) (State)
Location Riggs Kord Hyallsville, and	Injured at home, farm, Industry, public place (where?)
1, leathorte	Meana of injury injured at work?
Address Ced Q y Hise Lines Sh. D. C	Frank Gleslie
1 / S Nill la La	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Address 8 14 8 Ba Que ADate signed - 6, 4



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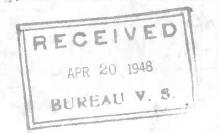
MARYLAND STATE DEPARTMENT OF HEALTH

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- 11	- 1	-
- 11	-met	David.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HE. 2411 N. Charles St., Baltimore AMNO. G 1 1'5 MAY 3 - 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 216

4 110, 1111 0 104	FO			
1. PLACE OF DEATH: County Montgomery		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Dath-ado (mimo	7 \	State D.C. County		
City or town Bethesda (rura	AL and give nearest town)	Washington		
How long in above place of death? Hospital institution, or street address where death occurred:		City or town		
How long in above place of death? Hospital, institution, or street address where death occurred:		Street No. 1417 Newton St., N.W.		
US Naval Hospital, Bethesd	a. Md.	Street No. 1/11 (If rural, give LOCATION)		
United in basiled as inclifuling? 8 days		II WWT		
How long in hospital or Institution?	uays	2.(a) If veteran, name war	••••	
3. (a) FULL NAME		3. (b) Social Security Number		
LOMAX, Morin				
4. Sex 5. Color or race 6.(a) Single, m	parried, widowed, or divorced	MEDICAL CERTIFICATION		
male Col ma	rried	20. DATE DF DEATH 16 April 18 48 at 1:55	P	
6.(6) Name of husband or wife Mande Lom	ax	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 April 19 148, to 16 April 19 1	1,8	
	f alive, give ageyears	and that ! last saw h i.m. alive on 16 April 19.	48	
7. Birth date of March 29, An	87 1897	1		
	If less than one day	Immediate cause of death		
S. AGE:	at tess than one only	Poisoning, Therapeutic, Acute 20 Mi (1% Procaine in Sacrocaudal block	n.	
51/6/1 0 17 .	hrsmln.	(1% Procaine in Sacrocaudal block		
Maryland		Due to anesthesia manifestation circulatory	-	
9. Birthpiace (Town, county, and atas	te)	and respiratory collapse).	******	
Janitor		and respiratory correspond for		
1D. Usual occupation	***************************************	Due to Anesthesia being administered for		
11. Industry or business		operation for fissure in ano.		
	C.	Dither conditions		
77 0	· · · · · · · · · · · · · · · · · · ·	Utner conditions		
		(Include pregnancy within 3 months of death)	_	
Henrett 14. Malden name THOMAS, Henrett Md.	a dec.			
Md.		Major fiediogs of operations Fissure in ano		
		Date of op.		
16. Informant wife: Mrs. Maude Lon	nax	Actory resolts		
		PHYSICIAN: Please onderline the cause to which death should be charged statistically.		
Address 1417 Newton St., N. W.	, Wasii , Deue	22, VIOLENCE: If death was due to external causes, fill in the following;		
humi al Bata thornat	apr-20, 1948			
t7	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Arlington 1	Vational	Where did Injury occur? (City or town) (County) (State)		
Cemetery or crematory	1.77. 4.77. 4.1.7.77.			
Location Arlington, Va.	•	Injured at home, tarm, Industry, public place (where?)		
		Meens of Injury Injured at work?		
18. Funeral director Johnson & Jenkins	Funeral Home	TW Stewart		
Address 2053 Georgia Ave. Was	hington. D. C.	- 22 SIGNATURE T. W. Stewart LTJG MC USN		
man	C. Satterson	M. D. or other	-	
19. Li=17 19 Li8 Mary	Patterson Registrar	Address USNH Bethesda, Md. Date signed 4-17-1	18	



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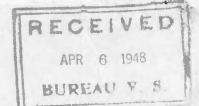
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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 5/4 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn lufants give residence of mother) County manty (If outside city or town limits, write RURAL and give nearest town (If outside city or town limits, write RURAL end give nearest town) How tong in above place of death?. Hospital, institution, or street address where death occurred: CASCAPE (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 192-10-2589 CATHERINE deceased (mo., day, yr.) 8. AGE: 11. industry or business MAquires (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) (day) (year) Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) ... Injured at work? Means of injury



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VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Montgomery Rockville	(For newborn infants give residence of mother) State Maryland County Montgomery
fif outside situ or town limits, puits DIIDAL and situation of the same limits and sa	
How long in above place of death? 3 Months	City or town Rockville (If outside city or town limits, write RURAL and give nearest town)
Mospital, institution, or street address where death occurred:	Street No. 520 Anderson Avenue.
520 Anderson Ave., - Home	(If rural, give LOCATION)
How long In hospital or Institution? Home - 3 Months	2.(a) If veteran, name war No
3. (a) FULL NAME	3. (b) Social Security Number
MABEL ELEEN	MARKLEY None
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MÉDICAL CERTIFICATION
Female White Widowed	20. DATE DE DEATH Opsil 1948 217:45-19
S.(b) Name of husband or wife Jonah A. Markley	21. I CERTIFY that death occurred on the date above staied: that t attended deceased from
	JANUARY 2 1948 10 March 3/ 198
7. Birth date of	and that I last saw h ER alive on MARCH 3/
deceased (mo., day, yr.) July 11, 1867	Immediate vause of death
8. AGE: Years Months Days It less than one day	Caronary Thankonis
80 80 8 20hrsmin.	will const we Near Caluse
s. Birthplace Unknown Pennsylvania	Due to Alexander 15-20/4
(Town, county, and state)	arterio selectio Heart Ducease
10. Usuai occupation Retired	Due to
11. Industry or business	
單 12. Name Unknown Montague France	Other conditions
됩 13. Birthplace France	
Eleanor Ellsworth	(Include pregnancy within 3 months of death)
Eleanor Ellsworth 14. Maiden name Eleanor Ellsworth 15. Birthplace England	Major findiogs of operations.
	Date of op.
16. Informant Helen M. Moulden	Autopsy results
Address 520 Anderson Ave. Rockville, Md.	PHYStCIAN: Ptease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof April 3,1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Fort Lincoln Cemetery	Where did injury occur? (City or town) (County) (State)
Washington, D. C.	Injured at home, farm, industry, public place (where?)
18. Funeral director. W. M. Rassan Campanay	Means of Injury Injured at work?
. () \	O
Address Bethesda 14, Maryland	23. SIGNATURE Jurdon J. Kasenherser, m. D.
19 april 3 148 Catolhousson	M. D. or other
(Date ec'd by registrar) Registrar	Address Coffeeld , Toyl Creek Date signed 4/1/48

APR 7 1948
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986	2411 N. Charle	ea St., Baltimore)
EM)	CERTIFICAT	TE OF DEATH Reg. Diat. No	216
on carefully. The coclearly and legibly.	1. PLACE OF DEATH: County Montgomery City or town. Be the saa (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Suburban Hosp. 1800 George town Rd. How long in hospital or institution? 18 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Dist. of Col. County City or town. Washington (If outside city of town limits, write RURAL and give neares) Street No. 3525 Daven port St., N. W. (If rural, give LOCATION) 2.(a) If reteran, name war.	t town)
ormati	3.(a) FULL NAME Mrs. Marian E. Martin	3. (b) Social Security Nu	mber
ING n of inf uses of	Female White Widowed	MEDICAL CERTIFICATION 20. DATE DE DEATH A PY : \ 4 , 1948 21	12:5
ply every item of information carefully write the causes of death clearly and	6.(b) Name of husband or wife wee R. Martin 7. Birth date of deceased (mo., day, yr.) July 27, 1877 8. AGF. Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased and I am I a	d from19
ERVEI Prease	8. AGE: Years Months Days If less than one day 70 8 7	Due to generalized arterio salerosis	18
MARGIN RES WITH UNFADING IN important. Physicians	11. Industry or business 12. Name Tosish Jones 13. Birthplace Montgomery Co. Maryland 14. Malden name Maxy Barnsley 15. Birthplace Montgomery Co. Maryland	Other conditions	>
PLAINLY, is especially	16. Informani Address 17. Surial (Burial, cremation, or removal, Which?) Cemetery of cremation, of Post of Surial Company St. Shub Episcophal Chiral	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged stat 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	0
5 9.45-15 SE WRITE	Location A. Co. Olivey, M.d.: 18. Funeral director.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	1
VS A15	19	23. SIGNATURE Malary 1. Malarnaly M. J. or o Address 4707 Com. ave. Wash 800 Date signed	7) other 4/4/

MEDICAL CERT	IFICATION	124
D. DATE OF DEATH April 4	1948	1/2:40 A
11. I CERTIFY that death occurred on the date above sta	ted; that I attended de	ceased from
mmediate cause of death Christian humansha	7 L	DURATION 18 day
ue to generalized arterio	clerous	many yea
ther conditions		•••••••••••••••••••••••••••••••••••••••
Lajor findings of operations	Dale of op	
2. VIOLENCE: If death was due to external causes, fi ccident, suicide, or homicide there did injury occur?(City or town)	Date of	(State)
njured at home, farm, Industry, pub ^{li} c place (where?) teans of injury	Injured at work?	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()4036 Reg. Diat. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Montgonely	State Ind. County Montgomeny
(if outside city or town limits, write RURAL and give nearest town)	City or town Belterdo
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4402 Jones Bridge Rd.
	2.(a) If veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
MRS. FANNIE LEE 11	AYNARD
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale white relidanced	20. DATE OF DEATH. Coul 3 1948 21 7.30P
(6.(b) Name of husband or wife 12m Color magnand	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
	march 10, 1948 10 april 3 1948
7. Birth date ofyears	and that I last saw h. C. alive on a same 3 19 % 8
deceased (mo., day, yr.) RACE: Years Months Days If less than one day	Immediate ause of death DURATION
8. AGE: Years Months Days It less than one day	Trefugition - 1000
02/01/1/	
9. 8irthplace	Due to.
V104.40. 1.10	
10, Usuat occupation	Due to
11. Industry or business 12. Name Lornas Canaligues	
	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Squies Oucles 15. Birthpiace Survey Co. Na.	Major findings of operations
\$ 15. Birthplace Query Co. Na.	Date of op.
16. Informant Sara Hances Mayrard	Autopsy results
Address 1660 Lanier Bl. Joed. D.C.	PHYSICIAN: Phase underline the cause to which death should be charged statistically.
0 10	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory tt. Dincoln	Where did Injury occur?
Location Thince Stenge O. Md.	Injured at home, farm, Industry, public place (where?)
NW - Wind Co	Meens of Injury Injured at work?
18. Funeral director	0. /
Address 2901 14 st. M.W. Washington	2 SIGNATURE V
19 apr 3 18 48 The gold	Stemple Refy Red M. D. or other



1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

04037 Reg. Diat. No. 223

County. Maxt gome Ry City or town. Lake and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Washington Sanitarium & Nospital or institution? How long in hospital or institution?	State District & Calumbia County City or town Washingtown limits, write RURAL and give nearest town) Street No. 1909 19 57 W Apt. 202 (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME MR. WAITER A. McCormick	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH April 23 19 48 21 1/ A N
5.(b) Name of husband or wife. Maude m. mcCormick 5.(c) It alive, give age. year 7. Birth date of deceased (mo., day, yr.) November 13, 1883	21. I CERTIFY that death occurred on the date above stated: that it attended deceased from 19.4. to 4 - 2 3 - 19.48 and that I last saw h alive on 4 - 2 3 - 19.48 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 6 4 5 10 hrs. min 9. Birthplace. Whs half of the county, and atate)	acutal arousy Occhision Serving
10. Usual occupation	Bue to
12. Name	Other conditions
14. Malden name 15. Birthplace 16. Informanf	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Pessonal Date thereot. Charles 2 3 / (Burial, cremation, or removal. Which?) Cemetery or crematory.	Accident, suicide, or homicide
18. Funeral director Q. Millians Tell Sons C	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work?
19. April 2319 4 8 // // // (Date fee'd by registrar)	23. SIGNATURE M. D. of other M. D. of other Address afforms Park Md Bate signed 4123/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

				•		
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				Slate		
			give nearest town)	Cily or town		
			***************************************	Sireet No. 3601 Livingston St., N.W.		
US Nava	Hospi	tal, Bethesda	a. Md.	Street No. OOI LIVINGS OUT DO. 11889		
		2 derre				
now long in nospital of matterior				2.(a) If veleran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
		MENERATTI,	Lucille West	over		
4. Sex 5. C	olor or race	6.(a)Single, married, wi	dowed, or divorced	MEDICAL CERTIFICATION		
female	V-US	ma	rried	20. DATE OF DEATH 12 April 19 48 ,21 10:45P		
		Herbert J. M	eneratti	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wif	5			9 April 19 48 10 11 April 19 48		
7. Birth date of		6.(c) If alive, give		and that t last saw h. Or alive en 11 April 19 16		
deceased (mo., day, yr.)	Nove	ember 23, 188	7	Immediate cause of death		
8. AGE: Years	Months	Days If less th	han one day	asto we had hemorrhed 3 day		
60	14	18	hrs min.	Mariani sagura de 3 dans		
				Carling Assert		
9. Birthplace Ohio	(Town	county and state)		Oue to Control of the		
9. Birthplace				perse augu.		
10. Usual occupation			***************************************	Due to		
11. Industry or business		C 21 CK 15				
12. NameWESTO	VER. H	enry J.		Other conditions		
13. Birthplace		nglan d				
				(Include pregnancy within 3 months of death)		
		u, marena		Major findings of operations.		
15. Birthplace	Canada			Qate of op.		
16. Informant husban	d: Mr.	Herbert J. M	leneratti -	Autopsy results Same as those -		
360		ngston St., N.				
Address	T TITATI	TER OUT DESINO	1189110011492040	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. buria	1	Date thereof		Accident, suicide, or homicide		
		ngton Nationa	11	Where did Injury occur?		
Location	Arlin	gton, Va.		Injured at home, farm, Industry, public place (where?)		
18. Funeral director. We		/		Mesns of Injury Injury-pt work?		
			207 1 25 6	1 touren fr -		
Address 1110	0 Chap	in St., N.W.	Wash. D.C.	T. FOWLER, Cdr. MC USN		
4-12	1.8	man C. (Mary C. Pa	altuson	23. SIGNATURE M. D. or other		
19. (Date rec'd by registra	19 48	Tract of Change	Registrar	Address USNH Rethesda, Md. Date signed 11-12-18		

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BUREAU V. S.

NFADING INK. Supply every item of information carefully. The correct of the Physicians, please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 1370

CERTIFICATE OF DEATH

() 4039 Reg. Dist. No. 218

	10g. 210t. 110. @w.4
1. PLACE OF DEATH: County MONT 90 MERY. City or town. BETHE 30 H. (If outside city or town timits, write RURAL and give nearest town) How long in above place of dealh? Hospital, institution, or street address where death occurred: Juburan Hospital or institution? Month - 2 4 49 42. 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborp infants give residence of mother) Slate. ARTHURAL County MANTARMET Y City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 204— DReaK3 (If rural, give LOCATION) 2.(a) it veteran, name war.
John W. Mobler	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single/married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH April 28, 18 48, 21 18, 18
6.(6) Name of husband or wife MARY G. Mable y 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Dev - 9 - 1866 8. AGE: Years Months Days if less than one day	Immediate cause of death ACMIL PLOS CALLAND DURATION
9. Birthplace Ct. A: thershung. Manta. MARY IRNA. (Town, county, and state) 10. Usual occupation. Retired Watch man.	Due to Ha part robby of prostate with Hobital Stion
11. Industry or business 12. Name JA Must T. Mable 4 13. Birthplace FREDERICK Co. MARY/AND.	Other conditions Julms mary la ema
14. Maiden name Julia ARNold. 15. Birthplace Gaithers burg, Mary and.	Major findings of operations. Dale of op. 4-6-4.8
16. Interment Mas Seorge Que la Caugh	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Cemetery or crematory. Dale thereof. (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director	Injured at home, farm, industry, public place (where?)
Address Jack Lewyloung Slight State and Land State Registrar Registrar	23. SIGNATURE Cham yours M.D. or other Address Subjulion Hotel - Bthodg, M.d. Date signed H-28-H8



WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

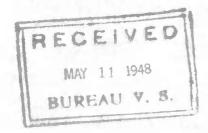
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CERTIFICATE OF DEATH

or Dist No. 2/7

	Keg. Ditt. No	· · · · · · · · · · · · · · · · · · ·
A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Mantgomery	State Mary land County / Jana d	
City or town		. * • • • • • • • • • • • • • • • • • •
How long to above place of death?	City or town Woodbine (If outside city or town limits, write RURAL and give nearest to	wn)
Hospital, institution, or street address where death occurred:	Street No. hisboa	
The Montgomery County General Hospital due	(If rural, give LOCATION)	
How long In hospitat or Institution?	2.(a) tf veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Numb	er
Mrs. Betty Molesworth 4. Sex 5. Color or race B. (a) Single, married, widowed, or divorced		
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE DE DEATH. 1. 1. 19.4.8 21. 2	:25 A M
6.(b) Name of husband or wife Charles Molesworth	21. I CERTIFY that death occurred on the date above stated: that I attended deceased fro	
	7 april 19 48 to April 17	
7. Birth date of	and that t last saw h. R.C. alive on April 17	19 4.8
deceased (mo., day, yr.) August 25, 1872. 8 AGF Years Months Days if less than one day		DURATION
o. Auc.	Facture 74	veclar
75 7 22nis.		
9. Birthplace Florence, Howard Co. Maryland	Due to Hyperlenere Cardio Us	reletta
(Town, county, and state)	versular diseasi	····
1D. Usual occupation. Housework	Due to	
11. Industry or business Home.	1) weening, much on	neven
# 12. Name Mr. George gills	Other conditions	etter.
12. Name Me. George Gills 13. Birthplace Carroll County, Md.	(Include pregnancy within 3 months of death)	
14. Malden name Miss Rachel Pickett	(Include pregnancy within 3 months of death)	
1/ / 0 ()	Major findings of operations.	
\$ 15. Birthplace Howard Co, Md.	Date of op	
16. Informant /105p:tal VECREC	Autopsy results PHYStCIAN: Please underline the cause to which death should be charged statistic	
Address		idny.
17 Burial (Burial (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	
	Accident, suicide, or homicide	******
Cemetery growstory Soplar Springs	Where did Injury occur?	e)
LOCATION SPIRAR SPRINGS, Noward G. Md.	Injured at home, farm, Industry, public place (where?)	
3111	Means of Injury Injured at work?	
18. Funeral director	1 1	
Address Win field, Md.	23 SIGNATURE Lack Delumagher /	2.0
164-17 1648 Festrud B Lawler	1. 1. 1. 100 - 20 M. D. or othe	6 00
19. 4 - 17 1948 Gittsed B Jawley (Date rec'd by registrar) Registrar	Address Cly UNSVELLE The Date signed	gr. to



2411 N. Charles St., Baltimore

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0	gel Br	50		

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgornery City or town Claggetts ville (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	(If outside city or town limits, write RURAL and give nearest town) Street No	
3. (a) FULL NAME Nora Helen Young Moxley	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 2 19.48 21 5 8	
6.(b) Name of husband or with Harvey Moxley 5.(c) If alive, give age 6.3 7. Birth date of deceased (mo., day, yr.) August 8, 1888 8. AGE: Years Months Days If less than one day 5.9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from VANUARY 19.36 to April 2. 19.48. and that I last saw h.er. alive on April 1. 19.48. Immediate cause of death. Gerebral hemorrhage: OURATION on March 31, 1948	
9. Birinplace Frederick County Maryland. (Town, county, and state) 10. Usual occupation Housewife	Due to Cardio vascular renal discose	
12. Name Jacob H. Young 13. Birthplace Pennsylvania 14. Maiden name Bara E. Herman 15. Birthplace Pennsylvania 16. Informant Harvey Mortley	Other conditions	
Address R.F.D. Monrovia, Md. 17. Burial (Burial, cremation, or removal, Which?) 18. Informant Harvey Mayley Date thereof April 4 (Secondary) (Burial, cremation, or removal, Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following:	
Cometery or crematory Montgamery Church Location Claggetts wille, md.	Where did injury occur?	
18. Funeral director J.B. Beall Inc. Address Damascus Manyland 19. Chril 3 19 8 8 Wella W. Bu (Data rec'd by registrar)	rdelly address January, he Date signed 4-3-48	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. O.

City or town (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
30.00	1 0 (1) C : 1 C : 1 N 1
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finale White Widowy	20. DATE OF DEATH. GRENS 21 1948 016:49 A: N
million in	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wite	Movember 16 1947 10 april 31 1944
7. Birth date of	and that I last saw h EP allye on Spirit Z 1948
deceased (mo., day, yr.) 199 3/ ~ 1845	Immediate cause of death Interior Clerotic Sandio DURATION
8. AGE: Years Months Days It less than one day	vascular disease 74 years.
82. 10 21min.	
9. Birthplace	Due to
9. Birthplace	945 TO:
1D. Usual occupation.	Due to
11. Industry or business, Pro-	
E 12. Name Stalfell Marin Vot	Dther conditions
12. Name	
	(Include pregnancy within 3 months of death)
HI 14. Malden name Modulation Wolffers 15. Birthplace Wash	Major findings of operations
≥ 15. Birthplace	Date of op.
16. Interment 25. Clasered Day	Autopsy results
Address Clashshurg md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
6) · · · · · · · · · · · · · · · · · · ·	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or remayal. Which) Date thereot (month) (day) (year)	Accident, suicide, or homicide
11 -11 -1	Where did injury occur?
Cemetery or crematory 12 11 12 12 12 12 12 12 12 12 12 12 12	
Location She Department has about	Injured at home, tarm, Industry, public place (where?)
18. Funeral director traf W Barbin	Means of Injury Injured at work?
Address of Sourvalle read	23. SIGNATURE Agins P. Ken In. W.
0 182 ye 10 M 0/10 M	23. SIGNATURE M. D. or other
(Datecree'd by registrar) Registrar	Address Danisan, 1914. Date signed 4/23/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

			CLICITION	Reg. Dist. No.	********	
CRUOTY Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale Mds County Montgomery Cily or town Montg Kensington (If outside city or town limits, write RURAL and give nearest town)		
Now long in above place of death? 3 days Hospital, inclitution, or atreet address where death occurred: US Naval Hospital, Bethesda, Md. Now long in hospital or inatitution? 3 days			la, Md.	1001 Warner Street		
3. (a) FULL NAME		Le Anthor	ny Nardini	3. (b) Social Security Number		
4. Sac	5. Calar ar race W-US	S.(a)Single, me	rried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20 April 19 48 315:1	15 A	
8.(b) Name of huaband o	Anni	6.60 H L 17, 19l	alive, givo ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 17. April 19. 48, to 20. April and that I tast caw h im alive of 20. April	19. 48	
8. AGE: Yaara		2	f lecc than one day	Immediate cause of death	MAIIUM	
8. Birthplace	(Iown,	county, and atate)	Due to. Seminary suffling 7 Due to.		
3 13 Birthaine	P	enna.			1	
14. Maideo name. PREVAIL, Helen Dorothy 15. Birthplace Penna.			oro thy	Majur findings of operations. Date of op.		
16. Informant father: Dr. John E. Nardini Addrec; 4101 Warner St., Kensington, Md.				Autopsy results		
17. buri (Burial, eremation, Cemetery or cremator	al or removat. Which?) Arling	Date thereof ton Nati	h-21-h8 (month) (day) (year) onal	22. VIOLENCE: If death was due to external caucec, fill in the following; Accident, suicide, or homicide		
Location Arlington, Virginia 18. Funorat director W. W. CHAMBERS C			-liss.	Munecisor		
Addross Georgetown, D. C. Many C Calluson 19				23. SIGNATURE PAUL PETERSON, Capt. MC USN M. D. or other USNH Bethesda, Md. Date signed 4-2	20-4	



The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: Month Con	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Callberrhes Deed	Slate County
(If outside city or town limits, wate RURAL and give nearest town)	the state of the s
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME If we have	Ninas 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. married	20. DATE OF DEATH. 2. 19/9/4/31 / 21.3.3 A.M
of the Manual brokens of the Atle & mores	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
D.(O) Name of husband of wifex	Def 19. 19. 19. 19.
7. Birth date of	and that I last saw h alive on 19
deceased (mo., day, yr.) Set 36 1878	Immediais cause of death
8. AGE: Years Months Days If less than one day	Caushed speed with 1"
69 5 7min.	multisle Bustines of Filip
Robertia, gns-	Due to Should and totally wint
9. Birthplace(Town, county, and state)	my
10. Usual occupation Relieve Recommendance	Que to Atriack by Iranin
11. Industry or business	Out to Joseph Commission of the Commission of th
El CO Francisco di Versano	Other conditions
12. Name	
Z 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name 200 - Leavey	Major findings of operations.
E 15. Birthplace Zuo —	Date of op.
achar to June 2	Antonsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 109. allen 120. warn, 16	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremstion, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide. Daniele. Date of 4-7-4-8
Cemetery or crematory artinghous Holivial -	Where did injury occur? (City or town) (County) (State)
Calment no - Cemeters	Injured at home, farm, industry, public place (where?)
Location	1
18. Funeral directed with 6 Gaelines	Means of Injury to the first to
Address Garthorshull Fred &	Trank 1. / Browhast Mil
0.000 1000 1000	23. SIGNATURE M. D. or other
19 All Sulfa J Gorfe Registrar	Address Start for and Date signed 4-8-48

RECEIVED

APR 10 1948

BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

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Reg.	Diat.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery Bethesda	state Maryland county Montgomery		
City or town Bethesda (If outside city or town limits, write RURAL and give hearest town)	City or town Bethesda (1f outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 12 Years Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)		
Home - 4916 Hampden Lane	Street No. 4916 Hampden Lane (If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
NORVAL LEE NUTWELL	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	2D. DATE DF DEATH April 18th, 19 48 at 11:50		
6.(6) Name of husband or wite Daisy Held Nutwell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) If alive, give age Dec . years	19 40 10 April 18 18		
T. Birth date of deceased (mo., day, yr.) June 17, 1863	and that I last saw h. Johnson alive on		
8. AGE: Years Months Days tf less than one day	Immediate cause of death DURATION DURATION		
84 84 10 1hrsmin.	(De an any Occiloser on / bu		
9. Sirthplace Hughesville, Charles Co., Md. (Town, county, and atate)	Due to Stateria selevata beaut Jessey 6 year		
10. Usual occupation Retired			
11. Industry or business Feed Business	Due to		
	Other conditions Jemility		
12. Name			
	(Include pregnancy within 3 months of death)		
[[[Inknown	Major findings of operations		
	Date of op		
16. Intermant Mrs. Evelyn N. Raymer	Autopsy results		
Address 4916 Hampden Lane, Bethesda, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) Cemetery or crematory Glenwood Cemetery			
	Where did Injury occur?		
Location Washington, D. C.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Wm, Reuden Tumphray,	Means of Injury Injured at work?		
Address Bethesda, Maryland	23. SIGNATURE Struce 1. Benjamin MA		
19. 4/20 19 48 7/m 6 Joles	M. D. or other M. D. or other		



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PLEASE WRITE

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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04047

CERTIFICATE OF DEATH

B

Reg. Dist. No. 216

1. PLACE OF DEATH: Montgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			- 27)	State D. C. County		
City or town			URAL and give nearest town)	Washington		
How long in above place of death?			sda, Md.	(If outside city or town limits, write RURAL and give nearest town) 710 8th St., N.E. (If rural, give LOCATION)		
3. (a) FULL NAME				2.(a) If veteran, name war	1	
3. (a) FULL NAME	PAINE,	John	Wendell		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	W-UŞ		single		1948 2t 12:30R	
E (b) Name of husband	er wife. S			21. I CERTIFY that death occurred on the date abov		
The second second	P			12 April 19 4	18 10 13 April 19 48	
7. Birth date of			t) If alive, give ageyears	and that I last saw h	213 April 19 48	
deceased (mo., day, yr			1948	Immediate cause of death At Ille	Esto both DURATION	
8. AGE: Years	Months	Days	If less than one day	llings -	24 her.	
		1	16hrs. min.	A A	A	
9. Birthplace	Bethesda,	Mary	land	Due to Telmalurety -	Emonth.	
10. Usual occupation				-		
11. industry or business				Due to		
441		7 E		Other conditions Manla:		
13. Birthplace	27. 0		°	(Include pregnancy within 3 m		
14. Maiden name	CRADIER,	Jean				
TOW SE Blotheless	Pa.		*	Major fiedings of operations		
			L E. Paine	Autopay results Confirmed to	a about -	
	_			PHYSICIAN: Please underline the cause to whi	ch death abould he charged statistically.	
Address 710 8th St., N.E., Wash., D.C. Date thereof. Y-15-Y& (month) (day) (year)				22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide		
Cemetery or crematory Arlington National				Where did injury occur?		
Location Arlington, Va.				Injured at home, farm, Industry, public place (where?)		
				Means of Injury / Dijured at work?		
1000	4"		BUR	The Od	othin	
	orgetown,	^	4 13 the	23. SIGNATURE PAUL PETE		
19. (Date rec'd by reg	18 48 istrar)	Mary	Patterson Registrar	M. D. or other Address USNH Bethesda, Md. Date signed 4-13-48		



WITH UNFADING INK. Supply every item of information carefull important. Physicians: please write the causes of death clearly and

PLAINLY, vis especially

WRITE

PLEASE

FOR BINDING

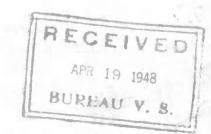
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mentymung	w1 211-
City or town	State County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 6201 Greentin Rd
Baptist Home for Children	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war 1. 91. 5 - 4 . At. N. 6. Elly
3. (a) FULL NAME	3. (b) Social Security Number
Tois Card Pratt	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F m 5	41.1
	20. DATE DE DEATH 2:30 AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	apr 12 19 15 10 left 15 19 48
7. Birth date of	and that I last saw her allve on lefter 15 19 45
deceased (mo., day, yr.) Jet 14 1992	Immediate cause of death
8. AGE: Years Months Days If less than one day	auestion shle
6 2hrsmin.	
9. Birtholace Washington & C	Due to Mearles - Virulent case
9. Birthplace	Due to
1D. Usual occupation.	
	Due to
11. Industry or bustness	
12. Name Jelman Tally 13. Birthplace ?	Dther conditions Academy Planery
	(Include pregnancy within 3 months of death)
14. Malden name Mary Carter	
14. Malden name. Mary Carter 15. Birthplace	Major findings of operations.
13, Birinpiace	Date of op.
16. informant Mathey	Autopsy results Statute 1000 months
Address 815 - 4 2 St. n. W.	PHYSICIAN: Please underline the cause to which death should be changed statistically.
Church KILLIVE	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory family Bur, Bur,	Where did injury occur? (City or town) (County) (State)
Le mont Con Mills	Injured at home, tarm, Industry, public place (where?)
Location	
18. Funeral director JMU D. M. M. M. CO	Means of injury Injured at work?
Address 2901 - 14th St. n. W.	DULITHA M 7110
	23. SIGNATURE M. D. or other
19 4/15 19 48 7m 6 John	of all out
(Date rec'd by registrar)	Address hery Close Md Date signed affects 98



carefully.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfea St., Baltimore

04049

DURATION

CERTIFICATE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) . PLACE OF DEATH: County Montgomery Maryland Montgomery Bethesda How long in above place of death? 5 Years (If outside city or town limits, write RURAL and give nearest town) Sireel No. 4807 Hampden Lane Hospital, Institution, or siret address where death occurred: Home - 4807 Hampden Lane, Bethesda, I (If rural, give LOCATION) How tong in hospitat or institution?..... 3. (b) Social Security Number 3. (a) FULL NAME F. IRWIN RAY None 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex 20. DATE OF DEATH April 30th, 19 48 46:30 Am Divorced Male White 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from None 6.(b) Name of husband or wife Feb 1842 10 april 30 . S.(c) If alive, give age years deceased (mo., day, yr.) April 4. 1890 If less than one day 8. AGE: Montgomery Co., Maryland (Town, county, and state) Contractor 10, Usual occupation... 11. Industry or business E 12. Name Richard T. Ray 13. Birthplace Maryland (Include pregnancy within 3 months of death) 14. Malden name Rebecc ashell Major findings of operations..... 15. Birthplace Montg. be., Maryland 16. Informant Mr. Frank Ray PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Linden: Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof May 3, 1948 (month) (day) (year) Accident, suicide, or homicide..... Cemetery or crematory. Grace Church Cemetery Where did injury occur?(City or town) (County) Woodside Maryland injured al home, farm, industry, public place (where?)

Means of Injury

23. SIGNATURE.

Injured at Work

Bethesda. Maryland

MAY 5 1948
BUREAU V. S.

WRITE PLEASE

SA

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

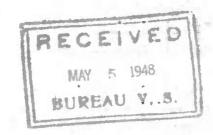
CERTIFICATE OF DEATH

216

					Reg. Diat. 140	***************************************
1. PLACE OF DE	WOLL	gomery		2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	F DECEASED:	
City or town		State Md County County				
Now long in hospital or	Inetitution?	5 months	s, 20 days	(If rural, give LOCATION) 2.(a) II veteran, name war		
3. (a) FULL NAMI			ert Millard		3. (b) Social Security N	umber
4. Sex	S. Cnior or race	6.(a)Singin, n	narried, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	W-US		single	20. DATE OF DEATH 30 April		3:15A m
S.(b) Name of huebend	•••••		1 alive, give ageyesrs	21. I CERTIFY that death occurred on the date about	ove stated; that t atlended deceas	ted from 19. 48
decessed (mo., dey. y	April	30, 188	30	Immediate cause of death		DURATION
8. AGE: Yeere	Monthe	Days	If less than one day	Immediate cause of death		5011111111
60	0	0 .	hrsmln.		,	
O. Birihpieca	unempl		ie)	Due to Carcinoma of	restum	2 day
	SE, George	U. Y.	dec.	Dther conditions		
441	DELANOY, N.Y		rancis dec	(Include pregnancy within 3	•••••	
16. Informani Sis	ter: Miss			Autopsy results. Autopsy results. Physician company of the cause to w	2. restum.	
17. bur (Burial, eremation	ial or removal. Which?	Date thereof.	5 - 4 - 48 (month) (day) (year) tional	22. VIOLENCE: 11 desth was due to externsi car Accident, suicide, or homicide Where did injury occur?	Date of	
Location	Arlingto	n, Va.		Injured at home, farm, Industry, public place (w	rhere?)	
			P.J.K.	Janu	Injurachal work?	
Address 11:00	Chapin St.	N.W., W	Patterson	J. A. MURF	PHY, Cdr. MC USI	N li-30-48

Registrar

USNH Bethesda, Md.



HITTER SECRETARION

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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04051

CERTIF	ICALE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Bethesda (rural) City or town (If outside city or town limits, write RURAL and give nearest to	State DaCa County
City or town	wn) Washington
How long in above place of death? 12 days	City or town WASHING TON (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	1303 Camptons Assense M D
U. S. NAVAL HOSPITAL, Bethesda, Md.	Street No. 1303 Saratoga Avenue, N.E.
How long in hospital or institution? 12 days	(If rural, give LOCATION) WWII
	Z.(u) II veteran, name war
3.(a) FULL NAME SAMRAS, Kharaiti	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorces	MEDICAL CERTIFICATION
male Indian married	20. DATE OF DEATH. 11 April 19 148 21 12:30A
6.(b) Name of husband or wife Evelyn Samras	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
C (A) II allias also can	30 March 19 48 10 11 April 19 48
7. Birth date of December 1, 7001.	and that I last saw h im alive on 11 April 19 48
necesses (mori nati)	Immediate cause of death High stlenaul DURATION
8. AGE: Years Months Days If less than one day	Cardiovarbles Renal 245.+
13 14 7hrs.	min. disease.
9. Birthplace Manko, India Town, county, and state)	Due to
10. Usual occupation	
State Benevitment	Due to
11. Industry of Business	
12. Name SAMRAS, Kura Ram 13. Birtholace India	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name BOPAL, Blashi 15. Birthplace India	(Include pregnancy within a months of death)
India	Major findings of operations.
	Date of op.
16. Informant Wife: Mrs. Evelyn Samras	
Address 1303 Saratoga Avenue, N. E. Wash.	D.C. PHYSICIAN: Please underline the cause to which death abould he charged statistically.
17 Cremation Date thereof (month) (day) (y	ear) Accident, suicide, or homicide
Cemetery or crematory Cedar Hill	Where did injury occur?
Location Washington, D.C.	Injured al home, farm, Industry, public place (where?)
1 110:01	Meens of Injury
18. Funeral director. W. W. CHAMBERS (8. 20)	78 NSB6
Address 1400 Chapin St., N. W., Wash. D.C	
12 18 man C. Catteran	M. D. or other
19. 4-12 19 48 Mary O. Patterson (Date rec'd by registrar)	Legistrar Address USNH Bethesda, Md. Date signed

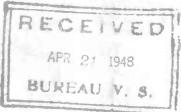


PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		CERTIFICA	TE OF DEATH	Reg. Dist. No	714
City or town	ntgomery ilver Spri if outside eity or town lit ace of death? or street address where to go Ave.	nits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State Maryland Cou City or town Silver Spring (If outside city or town limits 507 Sligo Av (If rural, give	Montgomer g s, write RURAL and give ne	
3. (a) FULL NA		Thomas Schrider		3. (b) Social Security	Number
4. Sex Male	5. Coior or race White	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CO	ERTIFICATION	235 0
		Jene Schrider	21. I CERTIFY that death occurred on the date about Mayek 27 19.	ove stated; that t attended dec	Yi 19 48
7. Birth date of deceased (mo., da 8. AGE: Ye	ay, yr.) Sept. ears Months 7 ilver Spri	2, 1870 Days If less than one day 13	Immediate cause of death. (B. Y. O. N.C.) Preva ania) Ro	hial	DURATION 3 days
11. Industry or busi	n Retireu	Storekeeper anklin Schrider	Due to	Carterio:	
		ing	(Include pregnancy within 3 a		
To. Informatic	Mrs Mari o n 07 Sligo A	C. Tyler	Autopsy results	hich death should be charged	d statistically.
17	tion, or removal, Which?)	Pare thereof april 19,1948 Pana Cometary Md E Pumphrey E, Silver Spring, 4	22. VIOLENCE: If death was due to external cat Accident, suicide, or homicide	(County)	(State) M. O. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

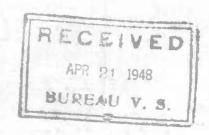
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04053

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:			
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Maryland County Montgomery		
Old of town the state of the st			
How long in above pice of death? 2 Vears (If outside city or town limits, write RURAL health lectiving or street address where death occurred:	and give nearest town)		
Hospital, Institution, or street address where death occurred:			
(If rural, give LOCATION)			
How long in hospital or institution?			
3. (a) FULL NAME	al Security Number		
Lafayette D. Seavers			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICAT	LION		
male white widowed 20, DATE OF DEATH. Afril 13	19 48 al/ina P W		
6.(6) Name of husband or wife Nary Sophe 21. I CERTIFY that death occurred on the date above stated; that I a	attended deceased from		
S(c) Italia sin are	19		
7. Birth date of Tables Of Today and that I last saw h			
deceased (mo., day, yr.) S AGE Years Months Days If less than one day Immediate cause of death	DURATION		
o. Aug.	dee d.		
87 8 20 hrs. min. Coronary veclusion	Buddevel		
9. Birthplace (Town, county, and state)			
Canatakan			
10. Usual occupation. Odle Canel			
11. Industry or business			
12. Name unkown Sirthplace unkown			
in kown			
14. Major fiediogs of operations. Major fiediogs of operations.	***************************************		
	of op		
16. Informant Miss Bertha Shaw Autopsy results	he channel statistically		
Address 8303 Colesville Ro. Silver Spring			
Burial Bate thereof April 15, 194 22. VIOLENCE: If death was due to external causes, fill in the following and the statement of the statement			
(Burial, cremation, or removal. Which?) (month) (day) (year)	Date of		
Cemetery or crematory. Glenwood Cemetery Where did injury occur? (City or town) (Cour	nty) (State)		
Location Washington, D.C. Injured at home, farm, Industry, public place (where?)			
VIVAAAAA C CII aaa Alaa II A	at work?		
Mars 8434 Ga. Ave., Silver Spring, Md.	et M.D.		
Of School 23. SIGNATURE 23. SIGNATURE	M. D. or other		
	Date signed 4-13-48		



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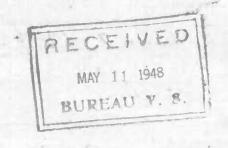
VS A15

Evidence for change of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

-	hirthodata shown on:	a St., Baltimore 15/12 (4059 / >
	1. No. G 116 MAY 25 1948 CERTIFICAT	E OF DEATH Reg. Dist. No.
1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	County	State W. Conty M. gagliften
	City or town	City or inva Pereral 12 FD Rockyattle 124
	How long in above place of death? Hospital, insiliution, or street address where death occurred:	(If outside city or town limits, write RUKAL and give hearest town)
	nusyliai, institution, of affect address where assistances	Streel No
	How long in hospital or institution?	2.(a) It veteron, name war
	3. (a) FULL NAME 7	3. (b) Social Security Number
	Howard Delby	
	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	male Cal Single	20. DATE OF DEATH 1948 313 43 M
	8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	8 (a) Hi pline elve per	November 26 19 4 1 10 Geffred 10 48
	7. Birth date of deceased (mo., day, yr.) March 7 -4/19/4/4 1947	and that I last saw h
	8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
	1 0 24nrsmln.	
	8. Birihpiaca May (Town, county, and state)	Due to Chrone Mytardiling
	10. Usual occupation.	Due to. The first the same of
	11. Industry or business	Chome
	12. Kame + out and fant	Oroncho meumonia 6 days
	Missing Solly	(Include pregnancy within 3 months of death)
	14. Maiden name Marse With Selby	Major findings of operations.
	The Paller	Dale of op.
	16. informant flags flags flags and the state of the stat	Autopsy results
	Address take wat of 73-184	22. VIOLENCE: If death was due to external causes, till in the tollowing:
	(Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
	Cemelery of orematory	Where did injury occur? (City or town) (County) (State)
	Location MANAGER BONE	Injured at home, tarm, industry, public place (whare?)
	18. Funeral director 18 W Barber	Meens of Injury Thjured at work?
	Address of tensible Reg	M. T. A. Tours III 40
	100	23. SIGNATURE M. D. or other
	19. 4 2 Sestrade 13 Lawler (Date recistrar) 19.48 Sestrade 13 Lawler Registrar	Address Mr. See M. Mid, Date signed 7 - 114 8



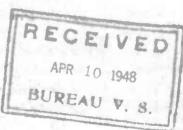
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infats give residence of mother)		
county Onor Control	State maruland County monta	mere	
City or town(If outside city or town limits, write BURAL and give nearest town)	101		
How long in above place of death?	City or town	est town)	
Hospital, Institution, or street address where death occupid:	Street No.	*******	
C	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME Harry a. Ship	3. (b) Social Security N	umber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male avrille single	2D. DATE DF DEATH April 6, 19 48	1:30P.	
_	21, I CERTIFY that death occurred on the date above stated; that I attended decease		
6.(b) Name of husband or wife	april 2 1948 10 april 6	19 48	
7. Birth date of	and that I last saw h. / M. alive on Open 5.	1948	
deceased (mo., day, yr.)	Immediate cause of death Attrioballevile Cardio	DURATION	
8. AGE: Years Months Days It less than one day	rescular disease	29 years.	
77 1 hrsmin.			
9. Birthplace	Due to Molandonia	5 years.	
1D. Usual occupation. Day Lavour	Due Multiple vilamis deficiencis.	54jous.	
11. Industry or business		/	
E 12. Name John Ocobert Shiftey	Dither conditions		
13. Birthplace may and	(Include pregnancy within 3 months of death)		
E 14. Maiden name Maril de Smoryaus	Major findings of operations		
15. Birthplace maryland		(
16. Interment Continuals Smith	Autopsy results		
Address anonrosia maryla	PHYSICIAN: Please underline the cause to which death should be charged at	atistically.	
17 Burial Date thereof april 81848	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did Injury occur?	(State)	
Location Usrouningsvell and	Injured at home, farm, industry, public place (where?)		
12 (12 (12) Ans.	Means of Injury Injured at work?		
18. Funeral director	1 (2) 1/ 7/1	11	
Address of amuscus, and.	23. SIGNATURE James F. Een M.	X.	
19. Ufril 8 19 4 8 Alla W. Gustle (Days rec'd by registrar)	Address Callasers, Md. Date signed	1/7/48	



2411 N. Charles St., Baltimore

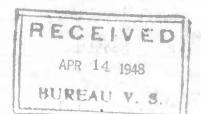
04056 Reg. Dist. No. 216

CERTIFICATE OF DEATH

				•		
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:		
CountyBethesda (rural)			State Virginia c			
City or town (If outside city or town limits Cyripa RURAL and give nearest town)			Wienna			
	ace of death?		ys	City or town	ts, write RURAL and give nea	rest town)
Macaital Incitivition	or street address where	death occurred:		Street No. Box 7k Route 4		
U.S. NA	VAL HOSPIT	AL, Betheso	ia, Md.	(If rural, giv	e LOCATION)	
	or Institution?	/. 11	days	2.(a) If veteran, name war SP AM.		
3. (a) FULL NAME			3. (b) Social Security	Number		
	SIN	MONS, Oliv		Character by St. Labor.		
4. Sex	5. Color or race	6.(a) Single, married,	widowed, or divorced	MEDICAL C	ERTIFICATION	
male	W-US	marr	i.ed	20. DATE OF DEATH 9 April	1948	at 9:20A
6.(b) Name of husba	nd or wite	al Simmons		21. I CERTIFY that death occurred on the date at		
			give agevears	19 March	LIB , to Y Apr	1119.410.
7. Birth date of	.h.137	14, 1877	010813	and that t tast saw halive on	y April	19.445
deceased (mo., day	9. 91.7			Immediate gause of death	6	DURATON
o. Ada.	ears Months		than one day	13 mucho M	reumonia	2 W/88
7	0 8	25	hrs mln.	<u> </u>		
9. Birlhplace. Penna. (Town, county, and state)				Que to Coronary the	art Disease	
				anterio Solut	ic.	
1D. Usual occupation	Presider	t National	Toole Co.	Pure As		
	ness Clevela			Due to	***************************************	
	SIMONS, Ced			Blb - conditions	***************************************	***************************************
F	Scotla		***************************************	utner conditions		
≤ 13. Birthplace				(Include pregnancy within 8	months of death)	-
본 14. Maiden nam	me ELDER, Ge			Major findings of operations		
14. Maiden nam	Ireland	100		utelor neguese or obeledans	a Date of on	
W	vife: Mrs. D	ual Simmons	5	Autonay results the not	oblained	
Address Rt. #L, Box 7, Vienna, Va.				PHYSICIAN: Please underline the cause to		statistically.
				22. VIOLENCE: If death was due to external co		
(Burial, cremati	ion, or removal. Which?)	Date thereof	-13-48 month) (day) (year)	Accident, suicide, or homicide	Date of	
	atory Arling		al	Where did injury occur?(City or town)	(County)	(State)
	rlington, V			Injured at home, farm, industry, public place	where?)	•••••
		_	2 wy	Msans of Injury 40	tnjured at work?	
	2901 1lith St			J.E. 1	NEWWY	
		ma. ((4		23. SIGNATURE		
19.	91 19 48	Mary S. P.	atterson Registrar	USNH Bethesda, Md	Date signed.	1-9-118
(Date rec'd by	registrar)	11	Tregistrar	Address		

RESERVED FOR BINDING MARGIN

CAINLY, WEST UNFADING INK. Supply every item of information carefully. The especially important. Physicians: please write the causes of death clearly and legible PLEASE SA



WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLAINLY, V is especially WRITE PLEASE

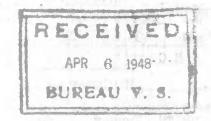
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFIC	CATE OF DEATH	5
City or fown(If c (If c How long in above place Hospitst, institution, or 	Montgomer Bethe Dutside city or town lim of death? etreel address where de Hospital,	sda (r alto, write R 9 day eeth occurred Bethe	ural) URAL and give nearest town) S. : : sda, Md.	(If outside city or town limits, write RURAL and give nearest town 5301 Central Avenue, S.E., (If rural, give LOGATION)	n)
3. (a) FULL NAM	E S	MITH,	Charles Henry		
Male	S. Color or race	mar	married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 3 April 19 48 21 11	2:20
7. Sirth dele et dsceseed (mo., dsy,	yr.) Dec	ember	2) 11 alive, give age	Immediate cause of death	1948
10. Veuel occupation 11. Industry or business	N.C. (Town. e Mini	ster r	1	Carcinoma of Pancreas Due to Malnutrition Due to Diher conditions	
14. Malden name 15. Birthplace 18. Informani Wif	N.C. fe: Mrs. An	ainny n F. S	mith	(Include pregnancy within 3 months of death) Major findings of operations	
17. Burlal, cremation Cemelery or cremet Location	rial n, or removal Whieh?) ory Lincol Suitland, M Ernest Jar 2 U St., N.	Dale Ther n Memo	Sh. D.G. allers Patterson	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide	-48



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MARYL	AND.	STATE	DEPARTMENT	OF	HEALT

2411 N. Charles St., Baltimore



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CERTIFICATE OF DEATH

1. PLACE OF DEATH: Caunty Bothesda (rural) City or fown. (If outside city or town limits, write RURAL and give nearest town) How long in above piece of deeth? 16 days Hospitei, institution, or street addrese where deeth occurred: U. S. NAVAL HOSPITAL. Bethesda Md. How long is hospital or institution? 16 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME SMITH, Frank Rufus	3. (b) Social Security Number
Male S. Calar or race S.(a)Single, married, widowad, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH 26 April 19 48 6:25P
8.(b) Name at hueband ar wifa	21. I CERTIFY thef deeth occurred on the data above stated; that t attended deceased from 10 April 19 48, to 26 April 19 48 and that I leet saw h imalize on 26 April 19 48
8. AGE: Years Monthe Days If lass than one day 19 9 23hrsmin.	Walnulan Wanat Name (1)
9. Cirthelace	Unsufficiency) Syphilis Due to. Insufficiency) Indef. Indef.
12. Name SMITH, Frank dec.	Dither conditions
14. Malden name. THOMPSON, Claudia dec. 15. Birthplaca Georgia	(Include pregnancy within 8 months of death) Major findings of operations
16 Informant brother: Mr. Joseph J. Smith Address 309 Calvin Road, Raleigh, N.C.	Autopsy resolts
burial (Burlal, eremation, or removal, Which?) Cemetery or cramatory Lexington, Ga.	22. VIOLENCE: If dash was due to estarnal causes, fill in the tollowing: Accident, suicida, or homicide
18. Funeral director	L. E. WATTERS, Jr., Lt. JG MC USN 23. SIGNATURE. USNH Bethesda, Md. Detectors of Injury Injured at work? L. E. WATTERS, Jr., Lt. JG MC USN M. D. or other L-27-L48



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The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Bont come (For newborn infants give residence of mother) _ county Montgomery (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Contint Lodge San 4815 Battery Lane Stay in hospital or inst. (yrs., or mos., or days) / whe stay (If rural give LOCATION Slay in this community (yrs., or mos., or days) 2 w-3. (a) FULL NAME 3. (b) Social Security Number EDMUND None 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Sina Stanton and that I last saw h _____alive on 8 40.0 September 17, 1877 deceased (mo., day, yr.) Immediate cause of death the OCSTCOLING DURATION Barnesville, Ohio (Town, county, and state) Electrical Engineer-Retired

Major findings:

importan

PLAINLY, especially i

SE WRITE F

SE

11. Industry or business

E 12. Name Daniel E. Stanton
13. Birthplace Barnesville, Ohio

14. Malden name Rebecca D. Bundy 15. Birthplace Barnesville, Ohio

16. Informant Sina M. Stanton

Address 4815 Battery Lane Bethesda Md.

Date thereof April 12,1948 (month) (day) (year) Cemetery or crematory Cedar Hill Crematory Location Washington D. C.

18. Funeral director - N. m. Rawson Cumpling

Address Bethesda. Maryland

PHYSICIAN Please underline

the cause to which death should be charged slatisti-

(State)

22. VIOLENCE: If death was due to external causes, fill in the following

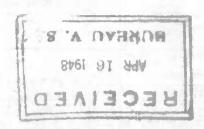
Accident, suicide, or homicide -----Where did injury occur? (City or town)

(Include pregnancy within 8 months of death)

Injured at home, farm, injured at home, farm,

Means of Injury

23. SIGNATURE





PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

942

04060 g. Dist. No. 216

CERTIFICATE OF DEATH

	Reg. Dist. NoL
1. PLACE OF DEATH: County Montgomery County City or town Bethesda. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 Weeks. Hospital, institution, or street address where death occurred: 4923 Battery Lane - (Home) How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Bethesda (If outside city or town limits, write RURAL and give nearest town) Street No. 4923 Battery Lane (If rural, give LOCATION) 2.(a) th veteran, name war. No
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES TAYLOR	None
Male White Widowed Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 5th, 19 48 219:30 Pm
6.(b) Name of husband or wife. Nancy Taylor 6.(c) It allive, give age. Dec. years 7. Birth date of deceased (mo., day, yr.) July 14, 1861	21. I CERTIFY that don't occurred on the date above stated; that I attended deceased from March 79 19 48 to April 5 19 48 and that I last saw h. Maralive on April 5 18 48
8. AGE: Years Months Days If less than one day 86 86 8 22	Immediate cause of death. Coronary throubous DURATION Due to Coronary heart disease Oue to
11. Industry or business 12. Name Edward Taylor 13. Birthplace New York 14. Maiden name Fanny Holt 15. Birthplace New York	Other conditions
16. Informant Lauriston Taylor Address 4923 Battery Lane, Bethesda, Md.	Autopsy results
Cremation (Burial, cremation, or removal, Which?) Cemetery or crematory Cedar Hill Cemetery Location Prince George County, Maryland	22. VIOLENCE: If death was due to external causes, till in the toilowing; Accident, suicide, or homicide
Address Bethesda 14, Maryland 19. 4 Bethesda 14 Maryland 19. (Date rec'd by registrar) 19. Registrar	23. SIGNATURE Orefold P. Keurich M. D. or other Address. 7942 W isconsin Que, poste signed 4/6/48

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APR 13 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

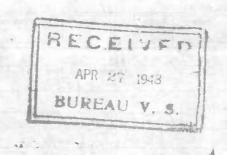
Reg. Dist. No

1. PLACE OF DEATH: County Hontgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mather)	
County				State	arest town)
3. (a) FULL NAM			, George Martin	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singt	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	W-US		divorced	20. DATE OF DEATH	., at .8.4.5QA. M
		6. (c) It allve, give ageyears	15 April 18 18 16 April	·il19. 48
deceased (mo., day,		Days	15, 1906	Immediate cause of death	the state of the s
O. MOD.	11 4	0	hrsmin.	Liber Breezensin	16 6
[]	Meatcutt	er	dec	Due to	
HIOW 14. Maiden name.	CRISMOND,		dectt L. Taylor	(Include pregnancy within 3 munths of death) Major findings of operations	
17. buria (Burial, crematium	or removal. Which?	Date then	ndria, Va. 101 4-19-48 (munth) (day) (year) ational	PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location	Arling	ton, Va.	, AV 3	Injured al home, farm, Industry, public place (where?)	
Address Ge	eorgetown,	D. C.	Patterson Registrar	Dopady Medical Manufiel	or uther 1-16-18



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	INK.	ins: p
	ADING	Physicians: please write the causes of death clearly and leg
	UNE	tant.
	WITH	ecially importan
	PLEASE_WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.	is especially important
/	RITE F	18
	ASE	
	PLE	

		EPARTMENT OF HEALTH es St., Beltimore 13 \alpha TE OF DEATH Reg. Dist. No. 2/2
	City or town. (If outside city or town limits, write ktyl AL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Doyals (If outside city or town limits, write RULAL and give nearest town) Streel No. (If rural, give LOCATION)
4	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME NELLIE TERLE)	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	demale colo. Window-	(ADA: 1.19 48 1/15)
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that Laltended decaysed from
	7. Birth date of deceased (mo., day, yr.)	and that I last saw h. A. alive on Taran L. E. 19
	8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION CITIERS OF DELOTION QUELO
	9. Sirthplace Povlesville monta md. (Town, county, and state)	Due to Weth armenal Wilnes Und
	10. Usual occupation. Domestic	Due to
	11. Industry or business 12. Name William Jenkins 13. Birthplace Montaconferry Ca	Other conditions
		(Include pregnancy within 5 months of death)
	14. Malden same Annie Stored 15. Birthplace Wanta Co	Major findings of operations. Bate of on.
	16. Informant & lla Palmer	Autopsy results
	Address Dogos ma	22. VIOLENCE: If death was due to external causes, till in the following:
	(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
	Cemetery or crematory Marlinsburg	Where did injury occur? (City or town) (Connty) (State)
	Location Near Dicherson and	Injured al home, farm, Industry, public place (where?)
	18. Funeral director Clarence 7. David	Means of Injury Injured at work?
	Address Poolesville ma	23. SIGNATURE PALLACIONO M. D. or other
	Date rec'd by registrar)	Address Poolesulle Inde Date signed 4/11/48



PLEASE WRITE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

04063

CERTIFICATE OF DEATH

	tog, but to the time to the ti
1. PLACE OF DEATH: County Montgomery City or fown. Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 13 days Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 1 month, 13 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
3.(a) FULL NAME TRICE, Lawrence Ellis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Col. married	20. DATE OF DEATH 8 ADRIL 19 48 at 10:20F
5.(b) Name of husband or wife Catherine Trice 5.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) February 1h, 1907	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 25 February 19 148 to 8 April 19 148 and that I last saw h im alive on 8 April 19 148 Immediate cause of death 32 50 Ch 2 Man and DURATION
8. AGE: Years Months Days If less than one day	and Pulmonary a Jerry was a work
9. Birthplace Washington, D. C. (Town, county, and state) 10. Usual occupation unknown 11. Industry or business 12. Name TRICE, James E, &c. 13. Birthplace Va.	Due to District and congestive most of seath) Due to District Fisher and congestive most of seath)
14. Malden name SMITH, Martha dec. 15. Birthplace	Major findings of operations
wife: Mrs.Catherine Trice 18. Informant	Autopsy resolts. Sama as above
hurial Date thereof 14-13-148	22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide
Location Arlington, Va.	Injured at home, farm, industry, public place (where?)
18. Funeral director	L. E. WATTERS, Jr., Lt. JG MCU 23. SIGNATURE M. D. or other Address USNH Bethesda, Md. Date signed 11-9-19

RECEIVED

APR 14 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04064 Reg. Diat. No. 3/6

1. PLACE OF DEATH: County Montgomery			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
		its, write RURAL and give nearest town)	state Mary land county Montgome	ry
Now long in above place	of death? 28 V	ears	City or town Chevy Chase (If outside city or town limits, write RURAL and give	nearest town)
Hospital, Institution, or	street address where de	eath occurred:	Street No. 15 W. Underwood Street,	,
		Street,	(If rural, give LOCATION)	***************************************
How long in hospital or	Institution?N	one	2.(a) If veteran, name war	
3. (a) FULL NAMI			3. (b) Social Securi	ity Number
	Frank R	. Ullmer	None	ary areason
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
36-3-	THIL S.A.	Manuelad		2 10200
Male	White	Married	20. DATE OF DEATH april 7, 1948) at /0- F M
		Ullmer	21. I CERTIFY that death occurred on the date above stated; that I attended d	egeased from
			June 1945 to agrace	19.7.0
7. Sirth date of deceased (mo., day, y	. Febru	ary 12, 1882.	and that I last saw h. Asse. alive on april 7:	19.57.5
8. AGE: Years	Months	Days If less than one day	Immediate cause of death unfaction	DURATION
				11/2
66 66		~)	(Thrankosis)	17 neus
9. BirthplaceWA	shington,	D. C.	Due to	
		anker	Hyperension	ryears.
			Due to	
11. Industry or business				
12. NameRU.	lolph Ull	mer	Dther conditions	
13. Birthplace (Germany		(Include pregnancy within 8 months of death)	000000
五 14. Maiden name	Mary H.	Kickman , D. C. Woodward		
E 5 107		D G	Major findings of operations	***************************************
≈1 15. Birthplace VV :	asningLon	, U. C.	Date of op	
16. Informant.MT.S.	. Ross J.	Woodward	Autopsy results	-1 statistics II-
Address Che	vy Chase.	Maryland		ed statistically.
17. Burial		Date thereof Apr. 10, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	
			Accident, suicide, or homicide	
Cemetery or cremator	, Fort Li	ncoln Cemetery	Where did injury occur?(City or town) (County)	(State)
Location Was	rington,	D_C.	Injured at home, farm, Industry, public place (where?)	***************************************
16. Funeral director	soluan In	Jesh gmeel w	Means of Injury Injured at work?	
	hesda. Ma		C. P. Kyland	
. Br.:D	10 45	NE John	23, SIGNATURE 4901 Mass Que NW M.	D. or other
(Date rec'd by rec	datrar)	Registrar	Address Date sign	ed 4-1-48
		V		

MARY LOW TIGHTED SHIP IN ATEXABLE PRANT

IFFARD TO A MARKET WAY

BUNEAU Y. S.
APR 16 1948

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DURATION Indef.

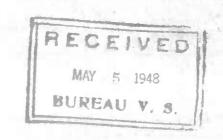
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PLEASE

CERTIFICAT	E OF DEATH Reg. Diat. No	~20	
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Washington. D. C. Couchy		
City or town. Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitel, institution, or street address where death occurred: U. S. NAVAL HOSPITAL, Bethesda, Md.	State Washington, De Co Couoty City or town (If outside city or town limite, write RURAL and give nearest to 114 Pennsylvania Avenue, S.E. (If rural, give LOCATION)		
How long in hospital or institution? 1 month, 7 days	2.(a) If veteran, name war		
3.(a) FULL NAME WADE, William Henderson	3. (b) Social Security I	lumber	
4. \$55 S. Celer or race 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION		
Male W-US married	20, DATE OF DEATH 30 April 19 48	21 7 A	
6.(b) Name of husband or wife Charlotte M. Wade	21. I CERTIFY that death occurred on the date above stated; that I attended deces 23 March 19 48 to 30 April	194	
7. Birth date of May 12, 1872		194	
decessed (me., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate caose of death	DURATION	
75 11 18hrsmin.	Pneumonia, Broncho	Indef	
B. Birthplees Virginia (Town, county, and ctate) Retired Civil Service	Oue to	Indef	
11. Industry or business 12. Name unknown 13. Birthateee unknown	Other conditions Enlargement Prostate (Include pregnancy within 3 months of death)	Indef	
14. Melden name unknown 15. Birthplace unknown	(Include pregnancy within 3 months of death) Major findings of operations		
18. Informent Wife: Mrs. Charlotte M. Wade	Autopsy results		
Address 911 Pennsylvania, Ave., S.E., Wash., D. of the second of the sec	22. VtOLENCE: tf death wes due to external causes, fill in the following: Accident, suicide, or homicide		
Location Arlington, Va.	Injured et home, farm, industry, public place (where?)		
18. Funerel director W. W. CHAMBERS JUIS	Meens of Injury Injured at work?		
Mash. D.C. Wash. D.C.	L.E. WATTERS, Jr., Lt. JO	MC USN	
19. (Date ree'd by registrar) 19. (Date ree'd by registrar) 19. (Date ree'd by registrar)	M. D. o Address USNH Bethesda, Md. Date signed	r otner	



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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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04060

CERTIFICATE OF DEATH

Pag Dist No 223

City or fown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Mr. fred Christian Wagner	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single Married, widowed, or divorced Male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 4-9-1 1948 1 650
6.(b) Name of husband or wife. Mr.J. Clara 5. Wagner 7. Birth date of deceased (mo., day, yr.) 6.(c) If alive, give age 6.3 years 7. 8 F 5 (8.8.3	21. I CERTIFY that death occurred on the date above stated; that I stranded deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Bays If less than one day 64 1 4 hrs. min. 9. Birthplace Cleve land Cuya hoga Chio (Town; county) and style) Red Lived Plake Counter for gov 4	Malignant. Melanana Due 10. Generalized 6 Mas:
11. Industry or business 12. Name 24. Name 4.	Dither conditions
14. Maiden name Louise Becker 15. Birthplace Germany 16. Informant Mrs. Clara S. Wagner Address // 8 Carrol/ Ave Takoma PK Md.	Major findings of operations
17. Burial, cremation, or removal. Which?) Cemetery or crematory. Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homiode
18. Funeral director Arabus Dallors Addres 254 Earroll St. Typong Suk, D.C.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE TOWARD A DIVINE TOWARD A DIVINE TOWARD AND A DIVINE TOWARD A DIVINE TOWARD AND A DIVINE TOWARD A DIVINE TOWARD AND A DIVINE TOWARD A DIVINE TOWA
19. (Date/rec'd by registrar) 18.45 # ##################################	28 Carroll are Park In D. Date signed 49/48

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APR 13 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Va. County

Reg. Dist. No.

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-	т	6.

	TH UNFADING INK. Supply every item of information carefully. The concept Physicians: please write the causes of death clearly and legibly.
	info of d
MARGIN RESERVED FOR BINDING	y item of
OR	ever
VED F	Supply lease w
RESEI	INK.
RGIN	ADING
MA	UNF
T	TH

male	Col.	ma	arried
B.(b) Name of husband or	wife Ir	ene Was	shington
		8.6	e) tf allve, give ageyea
7. Birth date e1	1		mber 1882
deceased (mo., day, yr.) 8. AGE: Years	Months	Daye	If leee than one day
65	6	18	hre. mi
1	29		
8. Birthplace	(Town	eounty, and	state)
10. Veual occupation			
11. Industry or business			
	SHINGTON	Jamos	dec.
12. Name	e Kilonida Kilonida Ka	· N · C	dec.
at 13. Birthplace	OTDCOM	Matal de	dee
14. Maiden name 15. Birthplace	GIBSUN,	Mach	a dec.
15. Birthplace		Hasir . ,	D. O.
16. Informant wife	: Mrs. I	rene Wa	ashington
. buria			., Arl., Va. 4-10-48
(Burial, cremation, c	r removal. Which	Date ther	eot
Cemetery or crematory	Odd Fe	llow C	emetery
•	Arli	ngton,	Va.
Location			1000
18. Funerat directorCl	ninn Fune	ral Ho	me and Chr
Address 2605 S	Seminar	V ILULA I	TILETIES ATLANTI
11-7-	.48	Mary	Patterson
(Date rec'd by region			Registra

(rur al

(If outside city or town limits, write RURAL and give nearest town)

Bethesda

US Naval Hospital, Bethesda, Md. How long in hospital or inetitution?

> WASHINGTON. James Edward 5. Celer or race

How long in above place of death? 17 days Hospital, Inetitution, or street address where death occurred:

1. PLACE OF DEATH: Montgomery

3. (a) FULL NAME

City or town Arlington	1
City or town (if outside city or town limits	s, write RURAL and give nearest town)
Streel No. 1026 So. Queen S	LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
	or (o) botter beening trans-
MEDICAL CI	ERTIFICATION
28. DATE OF DEATH 6 April	19 48 at 11:35Am
21. I CERTIFY that death occurred on the date about 19 March 19.	10 / 1 1 1.0
and that I fact eaw h	- 40124
due to replicate	6 April 19 48
Due to	
Due to	m clinical
	months of death) Sup. Viridans
Majur findings of operations	
Actupsy results	bich death should be charged statistically.
22. VIOLENCE: If death was due to external cau	sees, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (w	here?)
Means of Injury	injured at work?
7.62	NEKER
23. SIGNATURE F. E. W.	ETZIZ, Lt MC USN
Address USNH Bethesda, Md	

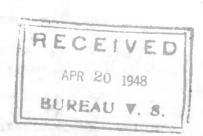


CERTIFICATE OF DEATH

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	CERTIFICA	Reg. Diat.	140
City or town	ery Sethesda (rural) mits, write RURAL and give nearest town) days deeth occurred:		give nearest town)
US Neval Hospita	l, Bethesda, Md.	(1f rural, give LOCATION)	<u></u>
3. (a) FULL NAME	tuart WELLS		ecurity Number
4. Ses S. Chinr er race	8.(a)Singin, married, widowed, or divorced	MEDICAL CERTIFICATION	ON
male W-US	married	20. DATE DF DEATH. 18 April 19	18 nt 6 A
S.(b) Name of husband or wifn	lie Wells	21. I CERTIFY that death occurred on the date above stated; that I attend 8 April 19.48 to 18 ond that I last saw h. im. elive on 18 April 18. Immediate cause of death.	April 19 Li
8. AGE: Yeere Months 58 1	Days If less than one day 3mls	Themosis, Coroney artery	10 km
S. Birthplace	Co., Wash., D.C.	Due to Distriction Trullitus Die to Distriction Trullitus Dither conditions Coronary Heart Distart,	30 yu
	ton dec.	a terinollaria	
14. Mniden nema	Martha dec.	Date of	Op
16. informant Wife: Mrs. Ti	llie Wells		charged statistically.
burial (Burial, eremation, or removal, Which) Cemetery or cremetory. Arlingt	Avenue, Apt. 207, Wash. Dele thereof. 4-21-48 (month) (day) (year) on National Cemetery.	Where did injury occur?	0f(State)
Location Arlington V	irginia Lec's Sons at Bulance	Injured at home, form, industry, public place (where?)	
Address Lith & Mass., A	ve., Wash., D.C.,	23. SIGNATURE W. A. DINSMORE, Jr.	M. D. or other

MARGIN RESERVED FOR BINDING



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2411 N. Charles St., Baltimore

04069

CERTIFICAT	E OF DEATH Reg. Dist. No.
LPLACE OF DEATH: County Montgomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State District of Columbian
How long in above place of death?	City or town
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Thomas C. Willis	
1. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH. CRIL 12 1948 5100 4 M
6.(6) Name of husband or wife Mxs Catherine M. Willis	21. I CERTIFY that death occurred on the date above stated; that I attended depeased from
7. Birth date of deceased (mo., day, yr.) 8/26/1881	and that I last saw h Lean alive on
8. AGE: Years Months Days If less than one day 7 22	Immediate carle of death DURATION DURATION
9. Birthplace Strasberg Urginia (Toyn, county, and state)	Due to Parkinsoni syndrame 10 yrs.
10. Usual occupation. Refixed	Due to
11. Industry or business Banker	
12. Name Jamus Willes 13. Birthpiace Floud Co. Van	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name of the Miller 15. Birthplace Strashers Va	Major fiedings of operations
16. Informant	Autopsy results
Address # 12 19	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director of seed Tolerless Source	Means of Injury Injured at work?
Address 19756 Penny Good	23. SIGNATURE COKET at At are lub.
19. (Date rec'd by registrar) 19 48 Thum Notice Registrar	Addrestakama Park. Fud Date signed 4/12/48

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and RESERVED FOR BINDING MARGIN

WRITE

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BUREAU V. S.

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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Montgomery 1 State Maryland County Montgomery Woodmoor, Md. (If outside city or town limits, write RURAL and give nearest town Woodmoor . (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospilal, institution, or street address where death occurred: 10,603 Lorain Ave. 10,603 Lorain Ave. (If rural, give LOCATION) How long in hospital or institution?.. 3. (b) Social Security Number 3. (a) FULL NAME 52-0544094 6.(a) Single, married, widowed, or divolet 4. Sex MEDICAL CERTIFICATION 5. Color or race White Married Male Naomi M. 6.(6) Name of husband or wife6.(c) If alive, give age deceased (mo., day, yr.) June 18, 1904 DURATION Days If less than one day Months 8. AGE: Years 20 43hrs. Elioak, Howard, Maryland (Town, county, and state) Real Estate Broker 11. Industry or business John Thomas Worthington 13. Birthplace Cooksville, Md. 14. Maiden name Ida Melissa Groomes 15. Birlhplace Unity, Md. Naomi M. Worthington PHYSICIAN: Please underline the cause to which death should be charged statistically. Woodmoor. Md. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Dale thereof Chril 10,194; (month) (day) (year) (Burial, cremation, or removal, Which?), Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

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BUREAU V. S.